

MARATHON[®]

DEALER APPLICATION

NEW _____ UPDATE _____

Company's Legal Name: _____

DBA: _____ Date Business Started: _____ In which State: _____

Type of Ownership: _____ Corporation: _____ Sole Proprietorship: _____ LLC: _____

If incorporated, State of Incorporation: _____

State Tax Resale Number: _____ from which State: _____

RESALE TAX CERTIFICATE MUST BE ATTACHED TO YOUR APPLICATION

Buyer's Name: First (required) _____ Last: (required) _____

Business Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____ Contact for Accounts Payable: _____

Store front? Yes _____ No _____ Website? Yes _____ No _____ URL: _____

What type of business? Wholesale _____ Retail _____ Contractor _____ Installation _____ Ecommerce: _____ Other: _____

OWNERSHIP INFORMATION:

1) Title: _____

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Social Security #: _____

Email Address: _____

Email: info@marathonpro.com
Fax: (213) 612 5814

