



Dealer Application

Date _____

1009 S. Robinson Dr. • Robinson, TX 76706
Fax: 254-662-0045 • Phone: 254-662-0088 • sales@emcosupplyinc.com

BUSINESS INFORMATION:

Business Name _____ Business Type Brick & Mortar Online Both Other _____

Business Description (Include any websites which you operate or sell through)

Business Phone _____ Business Fax _____

Reseller ID _____ Federal Tax ID _____

BILL-TO ADDRESS

City _____ State _____ Zip _____

SHIP-TO ADDRESS

City _____ State _____ Zip _____
Preferred carrier UPS FedEx USPS NA: Account# _____

MAIN CONTACT:

Name _____ Title _____
Phone _____ Email Address _____

SECONDARY CONTACT:

Name _____ Title _____
Phone _____ Email Address _____

DESIRED PAYMENT TERMS

Please note that any terms other than prepayment* will require a credit check.

Prepayment COD Net 30 Other: _____

*Prepayment types accepted: Visa, MasterCard, Discover, cashier's check, money orders, and wire transfers. All international customers will be required to prepay via wire transfer. (American Express not accepted)

By signing and submitting this form you are agreeing to follow the dealer terms set forth by EMCO Supply, Inc., including, but not limited to payment agreements, minimum advertised price policies, and return policies.

Signature: _____ Date: _____

Printed Name: _____

