

Dealer Application

Date____

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

BUSINESS INFORMATION:

	Business Type	oth DOther	
Business Name			
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			
Cit.	Okaka.	7:	
City Preferred carrier UPS □FedEx □USPS □NA:	State Account#	Zip	
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, required to prepay via wire transfer. (American Express not accepted)	money orders, and wire transfers. All international cu	ustomers will be	
By signing and submitting this form you are agreeing to follow the dealer ten agreements, minimum advertised price policies, and return policies.	ms set forth by EMCO Supply, Inc., including, but not	limited to payment	
Signature:	Date:		
Printed Name:			

<u>Personal Guaranty</u>

For valuable consideration, the undersigned jointly and severally unconditionally guarantee and promise to pay **EMCO Supply, Inc.** on demand, in lawful money of the United States, any and all indebtedness of the applicant to **EMCO Supply, Inc**.

The liability of the undersigned under this agreement shall not at any one time the balance appearing on the account of the applicant and shall remain in effect until a mutual termination is agreed upon.

The undersigned agree(s) to pay reasonable attorneys' fees, collection costs and court costs which may be incurred through the enforcement of this Guaranty by the creditor. The undersigned agrees that this agreement shall be interpreted under the laws of the State of **TEXAS** and agrees that the venue for any action brought by **EMCO Supply, Inc.** to enforce any terms of the Guaranty Agreement shall be in **MCLENNAN** County, at the option of the creditor.

Name(Please print)		Name(Please prin	t)
Date	Signature of Individual Guarantor	Date	Signature of Individual Guarantor
Social Security Number		Social Security Number	