



Nexpro Inc. Dealer Application

Bill to Address

Company Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____

Ship to Address (if different from above)

Company Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____

Phone #1: _____
 Phone #2: _____
 Fax: _____
 Email: _____
 Web Address: _____
 Contact person: _____
 Date Business Commenced: _____
 Home Address: _____
 Home Telephone Number: _____
 Days and Hours of operation: _____
 Names of authorized purchasers: _____
 Type of Business: Sole Proprietorship Partnership L.L.C Corporation
 Date of Incorporation: _____ State where Incorporated: _____
 Fed ID #: _____ (required if partnership or corp.)
 Owners S/S #: _____ (required if sole proprietorship)
 Resale permit #: _____
 Dunn & Bradstreet #: _____

Mail or fax completed form along with a copy of your business license and resale certificate to Nexpro Inc, Attn: New Dealer