

DEALER APPLICATION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIP TO ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL _____ CELL _____

OWNER _____

MANAGER _____

OTHER KEY PEOPLE & TITLE _____

NUMBER OF EMPLOYEES _____

YEARS IN BUSINESS _____ TYPE: Individual LLC Partnership Sub S Corporation

CREDIT LIMIT REQUESTED _____

PRODUCTS YOU PLAN TO SELL _____

CREDIT REFERENCES:

Company _____ Telephone _____ Fax _____

Address _____

Company _____ Telephone _____ Fax _____

Address _____

Company _____ Telephone _____ Fax _____

Address _____

Signature

Print Name

Date

Send to: GRANGER PLASTICS
1600 M.A.D.E. Industrial Dr.
Middletown, OH 45044

FAX: 513-424-4799
EMAIL: sales@grangerplastics.com