



Dealer Application

Business Name and Address: _____

AUTHORIZED SIGNATURE AND DATE: _____

Phone Number: _____ FAX _____

E-mail Address: _____

Owner's Name: _____ Contact Name: _____

Business Bank Name: _____ Account Number: _____

Bank Address: _____

Bank Phone: _____ Bank Contact: _____

Company History:

Number of Years in Business: _____ Size of Building: _____

Do You: Rent? Lease? Own? _____ Number of Employees: _____

Franchised Dealer? Yes/No Which one(s): _____ Dealer Number: _____

New York State Dealers Only: Re-sale Number _____

(New York State Dealers must provide SIGNED re-sale certificate.)

Trade References:

Company Name	Phone	Acct. No.	Acct. Terms	Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All orders must be pre-paid by credit card.

Submit the following with this application: company letterhead, business card, cancelled business check, and yellow page ad. E-mail your storefront picture to **sales@orientexpress.com**. Thank you.

Failure to send in all information will cause this application to be rejected.
The only exception – franchised dealers who supply us with their franchise dealer numbers.

**28 Grand Blvd., N.
Brentwood, NY 11717
800-645-6521 NY 631-231-9552 Fax 631-231-9557**