

Dealer Application

Business Name and Address:				
AUTHORIZED SIGNATURE ANI	DDATE:			
Phone Number:	FAX	FAX		
E-mail Address:				
Owner's Name:	Contact	Contact Name:		
Business Bank Name:	Account	Account Number:		
Bank Address:				
		Bank Contact:		
Company History:	. — . — . — .			
Number of Years in Business:	Size of B	Size of Building:		
Do You: Rent? Lease? Own?	Number	Number of Employees:		
Franchised Dealer? Yes/No Which	h one(s):Dealer N	Dealer Number:		
FEDERAL TAX ID (N		X SIGNED RE-SALE	CERTIFICATE	
Trade References:				
Company Name Phone	Acct. No.	Acct. Terms	Contact	
	ders must be pre-paid l	 oy 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 631-231-9552 NY/Intl 631-231-9557 Fax