



Clear Choice Distribution
2908 Oregon Ct Ste I-5
Torrance, CA 90503
orders@clearchoicedistribution.com

Dealer Account Application

How To Apply:

- Complete all sections and be sure to sign and date your completed application.
- Please include a copy of your business license and a voided company check.
- If your business is located in California please complete attached CA Resale Certificate.

Enter Information About the Business

Business Name	Owner/Manager
Shipping Address (cannot be a PO box)	City, State, ZIP
Billing Address (if different from above; can be a PO box)	City, State, ZIP
Business Phone Number	Business Fax Number
Business E-Mail Address (needed for account updates)	Business Web-Site
Type of Business (i.e. retail store, internet, maintenance)	Date Established (month & year)
Business License Number (please provide copy)	Sellers Permit Number (CA only; resale certificate required)
Federal Tax ID Number (EIN)	Company Type/Legal Status
Authorized Purchasers (First & Last Name)	

Business/Trade References

Business Name	Contact Name
Mailing Address (can be a PO box)	City, State, ZIP
Phone Number	Fax Number
E-Mail Address	Web-Site

Business Name	Contact Name
Mailing Address (can be a PO box)	City, State, ZIP
Phone Number	Fax Number
E-Mail Address	Web-Site

Signature

Information contained in this application will be used to determine eligibility to purchase from Clear Choice Distribution. Incomplete applications will be subject to delay and may result in denial. Inaccurate information may result in delay, denial or account termination. We reserve the right to revoke, "Dealer Status" at any time, at our own discretion. Placement of first order shows acceptance of all written policies, terms and conditions of Clear Choice Distribution.

By signing below you certify, to the best of your knowledge, that all the information provided is accurate.

Print Name	Title
Signature	Date