



APPROVED DEALER APPLICATION

BUSINESS INFORMATION

Name:
 C Corp S Corp LLC Partnership Individual

DBA:

Type of Business: Retail Store Designer/Decorator
 Contractor Architect Online Retailer Other

Principal:

EIN / SSN:

Year Established: DUNS# :

Address:

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City:

State/Province:

Country: Zip/Postal:

Telephone:

Fax:

Web-Site Address:

Accounts Payable Contact: Phone: Ext:

TRADE REFERENCES

1. Name: Address: Phone:

2. Name: Address: Phone:

3. Name: Address: Phone:

BANK REFERENCE

Bank: Address: Phone:

I hereby apply to be registered as an approved dealer of Asia Minor Carpets, Inc. Please provide me with my personal unique login and password for the inventory web-site. I agree to be bound by the Terms & Conditions of Usage.

Signature: Date:

Name (Please Print): Title:

Please fax your completed application form to (802) 549-5006 or scan and e-mail it to info@asiaminorcarpets.com

For Office Use Only			
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Init:	Vendor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Assigned Login:		Assigned Password:	

PRIMARY CONTACT INFORMATION

Last Name:

First Name:.....

Middle Initial: Title:

Relationship to Business:
 President Vice-President Partner Owner
 Manager Designer Sales Other

Address:

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City:

State/Province:

Country: Zip/Postal:

Telephone:Ext:

Fax:

E-mail:

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