DEALER APPLICATION

General Information

Business Name:		
Owner(s) Name(s):		
Mailing Address:		
City:	State:	ZIP:
Telephone #:	Fax #:	
Website:		
E-mail:		
Federal ID or SSN:	Date business was founded:	
Business Type: ❑ Corporation ❑ Limited Liability Partnership ❑ Partnership ❑ Sole Proprietorship		
The location of the business is: ❑ Owner ❑ Leased ❑ Rented How long at present address:_____		
If you rent/lease your business location, please provide the property owner's name:_____		
Business/Occupation:_____ How long in business or occupation?_____ PLEASE ATTACH ANOTHER SHEET FOR ADDITIONAL OWNERS, PARTNERS, OFFICERS, ETC.		
Method of Payment ☐ **COD** ☐ **GE Floor Plan**		

Business References

Business Reference:	Business Reference:
Address:	Address:
City:	City:
State: ZIP:	State: ZIP:
Account #:	Account #:

License & Tax Certificate

Do you currently have a MD license for your state? ❑ Yes ❑ No	
If yes, Dealers' license #:	Do you currently have a sales tax certificate?? ❑ Yes ❑ No
Please attach a copy of both the Dealers' License and Sales Tax Certificate to this application.	

I/We the undersigned, hereby certify everything stated on this application is true to the best of my/our knowledge.

Applicant:	Date:

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