



Dealer Application Form

Company Information

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Email: _____
Phone: _____ Fax: _____
Website: _____ Federal ID# _____
Business Type: Partnership Proprietorship Corporation
Date Business Established _____ Number of Employees _____

Partner or Officer Name	Title	Address

Trade References

Company Name: _____
Address: _____
Contact Person: _____ Phone: _____ Fax: _____

Company Name: _____
Address: _____
Contact Person: _____ Phone: _____ Fax: _____

Company Name: _____
Address: _____
Contact Person: _____ Phone: _____ Fax: _____

Bank Reference

Bank Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

This information is submitted by the undersigned for the purpose of obtaining credit. The information is to be kept in confidence and used only for the purpose of credit evaluation. I, hereby authorize Nuprodx, Inc. to obtain information concerning our credit from the above references. I, the authorized individual noted below, have read and agree to comply with Nuprodx, Inc. policies and payment terms.

Authorized Individual: _____ Date: _____

Title: _____

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