



33737 Cameron Rd  
Waller, TX 77484

TRIALTIR U.S.A.

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## DEALER APPLICATION

(Please print or type and include **A Copy of Your Sales Tax License**)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone NO: \_\_\_\_\_ Fax NO: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Shipping Address (If other than Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone NO: \_\_\_\_\_ Fax NO: \_\_\_\_\_

Business Type: Proprietorship \_\_\_ Incorporated \_\_\_ Partnership \_\_\_

In business since: \_\_\_\_\_ Present Owner Since: \_\_\_\_\_

Federal I.D.# \_\_\_\_\_ State Resale # \_\_\_\_\_

Owned By: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Phone NO: \_\_\_\_\_

Primary contact: \_\_\_\_\_ Phone NO: \_\_\_\_\_

Technical Support Contact: \_\_\_\_\_ Phone NO: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone NO: \_\_\_\_\_

