



THE SECURITY INDUSTRY STANDARD

# Dealer Application

\* = Required Date

First and Last Name *	
Company Name *	
DBA (if applicable)	
Billing Street Address *	
Suite / Room / Floor #	
City, State and Zip Code *	
Shipping Street Address *	
Suite / Room / Floor #	
City, State and Zip Code *	
Phone # (extension if applicable) *	
Fax #	
Email Address *	
Tax ID *	
Company Website URL *	
Texas Sales Tax #	

Copy of TX Resale Certificate made out to Strong Poles Required for all Texas Dealers

Entity Type:  Sole Proprietor  Partnership  LLC  Corp

Credit References (Minimum Requirement of 3 - attach additional pages if needed) \*

Company Name	
Company Contact	
Phone #	
Email Address	
Company Name	
Company Contact	
Phone #	
Email Address	
Company Name	
Company Contact	
Phone #	
Email Address	

**Signature & Date  
Required**