



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

dealer@strongpoles.com

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