



DEALER APPLICATION

Billing and Shipping Information

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

General Information

Business Phone: _____ EXT: _____ Fax: _____

Website Address: _____

Resale License Number: _____ Federal Tax ID Number: _____

Name of Owner(s): _____ Name of General Manager: _____

Number of Employees _____ Do you install in house? _____

Is your address your physical shop location? _____

Ordering Information

Primary Contact Name: _____ Email: _____

Primary Payables Contact: _____ Email: _____

DuroBumps reserves the right to accept, deny or terminate requested payment methods and dealer status at any time during the business relationship. Please note that the dealer is responsible for all payment in full. Any outstanding balances will be turned over to collections and will accrue interest to the owed balance.

DuroBumps 315 E Warner Road Ste 2, Chandler, AZ 85225
Phone: (480) 448-9848 Email: dealersales@DuroBumps.com

Please include a copy of your business license and sales tax exemption certificate when you return this form.

By signing and dating below, you certify that you are a valid signing agent for the Company, the above information provided is correct and that you agree to the terms as an Authorized Dealer for DuroBumps.

Signature: _____ Date: _____

Print: _____ Date: _____

DuroBumps 315 E Warner Road Ste 2, Chandler, AZ 85225
Phone: (480) 448-9848 Email: dealersales@DuroBumps.com