



Corporate Office:  
15330 Valley View Ave  
Suite 2  
La Mirada, CA 90638

Phone: (800) 981-BEDZ (2339)  
Fax: (562) 926-8585  
Email: [sales@truckairbedz.com](mailto:sales@truckairbedz.com)  
Web: [www.truckairbedz.com](http://www.truckairbedz.com)

## New Vendor/Dealer Application Form

### Business Information

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Business Type: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
General Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Basic Application Conditions

This application will provide Pittman Products International the information appropriate to determine the eligibility for a Dealer/Jobber Account. To obtain a net 30 account you must also fill out the Business Credit Application and meet the basic credit requirements. All information provided will be kept confidential and will not be disseminated.

### Business Credit Information

Business Lic.#: \_\_\_\_\_ Dunn Number: \_\_\_\_\_  
Resellers Permit: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Social Security or FEIN#: \_\_\_\_\_ Bank Address: \_\_\_\_\_

### Primary Contact

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Position: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Authorized Purchasing Signature

Authorized Purchaser: \_\_\_\_\_  
Authorized Purchasing Signature: \_\_\_\_\_

# Pittman Outdoors

## Credit Application for a Business Account

### Business Contact Information

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company address:			
City:	State:	Zip:	
Date business commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

### Business and Credit Information

Primary business address:			
City:	State:	Zip:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank Name:			
Bank Address:			
City:	State:	Zip:	Phone:
Type of account:	Account number:		
Savings			
Checking			
Other			

### Business and/or trade references

*Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
*Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			
*Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:			

### Agreement

1. All invoices are to be prepaid, until credit is established
2. Claims arising from invoices must be made within 7 working days
3. By submitting this application you authorize Pittman Outdoors to make enquiries to the Banking, savings, business, and/or trade references you have supplied.

The undersigned certifies under penalties of law that the information given in this application is true and correct and personally guarantees all instruments of payment on the above account

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_