

LEGAL BUSINESS NAME .....

DBA (IF DIFFERENT) .....

DESCRIPTION OF BUSINESS .....

PHONE ..... FAX .....

WEBSITE ADDRESS .....

BILLING ADDRESS .....

CITY ..... STATE ..... ZIP .....

SHIPPING ADDRESS .....

CITY .....

SHIPPING ADDRESS TYPE       COMMERCIAL BUILDING       URBAN RESIDENTIAL       RURAL RESIDENTIAL

BUSINESS TYPE       SOLE PROPRIETOR       PARTNERSHIP       CORPORATION (INC, LLC)

BUSINESS ESTABLISH DATE ..... TIME AT PRESENT ADDRESS ..... TOTAL # EMPLOYEES .....

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PLEASE LIST ALL NAMES, PARTNERS, AND OWNERS NAMES ON THE NEXT SHEET

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LICENSE # ..... EXP. DATE .....

RESALE # ..... EXP. DATE .....

FEDERAL TAX ID # .....

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PLEASE SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION. FAILURE TO INCLUDE THESE ITEMS WILL UNNECESSARILY DELAY THE APPLICATION PROCESS. IF YOU ARE NOT INCLUDING AN ITEM, PLEASE LIST THE REASON(S) FOR NOT DOING SO.

## DEALER APPLICATION CHECKLIST

- COPY OF VALID BUSINESS LICENSE
- COPY OF VALID RESALE CERTIFICATE / SALES TAX PERMIT
- COPY OF BUSINESS CARD OR COMPANY LETTERHEAD
- COPY OF VOIDED COMPANY CHECK
- (CA BUSINESS) BLANKET CALIFORNIA RESALE CERTIFICATE
- NAMES, PARTNERS, OWNERS WORKSHEET (ATTACHED)

**PLEASE RETURN COMPLETED FORM AND NECESSARY ATTACHMENTS VIA FAX TO (858) 693-3449**  
or MAIL to : AEBS, 8240 Miramar Road, San Diego CA 92126. PH (858) 693-3200. FX (858) 693-3449

## Authorized Account Owners and Users

NAME .....

TITLE .....

ADDRESS .....

CONTACT PHONE # .....

NAME .....

TITLE .....

ADDRESS .....

CONTACT PHONE # .....

NAME .....

TITLE .....

ADDRESS .....

CONTACT PHONE # .....

NAME .....

TITLE .....

ADDRESS .....

CONTACT PHONE # .....

## Additional Account Users

NAME .....

TITLE .....

NAME .....

TITLE .....

NAME .....

TITLE .....

NAME .....

TITLE .....

NAME .....

TITLE .....