



# Application For Dealer Status

Name of Dealership: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

Please list major product lines carried and parts/accessories suppliers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

Business Owner's Phone Number: \_\_\_\_\_

**I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE, AND I AUTHORIZE POWERSEAL USA TO CHECK MY REFERENCES.**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Preferred Payment Method:** (Circle Choice 1, 2, 3, or 4 below)

**1. Visa/Mastercard #** \_\_\_\_\_

Expires: \_\_\_\_\_ CV code (3 digits on back): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

**2. COD**

**3. Open Your Account with Us(Net 15):** Please supply 3 credit references and a copy of a voided check.

**4. Please Call**

**NOTE:** Please **provide a copy of your State Resale License.** Mail, Fax, or Enclose this form with cylinders to:

PowerSeal USA  
337 Coldstream Road  
Phoenixville, PA 19460

PHONE: 1-484-921-5121  
FAX: 1-484-921-5124  
E\_MAIL: info@powersealusa.com