



JOHNSON ENGINE TECHNOLOGY, INC.
 10 SPRINGBROOK RD WESTERLY, RI 02891
 T. 401.596.9507 F.401.596.6984

DEALER APPLICATION

Date: _____ Contact Person: _____

1. NAME OF COMPANY _____

DBA: _____

Telephone Number: _____ Fax Number: _____

Web Address (if applicable): _____ Email Address: _____

BILLING

Address: _____

CITY: _____ State: _____ Zip Code: _____

CHECK IF SHIPPING ADDRESS THE SAME

SHIPPING (if different from above)

Address: _____

CITY: _____ State: _____ Zip Code: _____

2. TYPE OF OWNERSHIP: (check one)

_____ Sole Owner _____ Partnership

_____ Corporation _____ Date Incorporated

Year Business Started: _____

Accounts Payable Contact _____ Telephone: _____ Ext. _____

3. TYPE OF ACCOUNT DESIRED:

_____ C.O.D. _____ Credit Card (MC or VISA, check one)

(company check/MO/certified check)

_____ MC _____ VISA

Credit Card# _____ EXP _____

CVV2# _____ (last three digits on back of card by signature strip)

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account #: _____

Contact Officer: _____ Telephone: _____ Ext. _____

4. CREDIT REFERENCES

A. Name: _____ Telephone: _____ Contact: _____

Address; _____ City; _____ State: _____ Zip Code _____

Account Number: _____

B. Name: _____ Telephone: _____ Contact: _____

Address; _____ City; _____ State: _____ Zip Code _____

Account Number: _____

C. Name: _____ Telephone: _____ Contact: _____

Address; _____ City; _____ State: _____ Zip Code _____

Account Number: _____

5. TAX RESALE CERTIFICATE NUMBER: _____

In order to remain at dealer status with Johnson Engine Technology, Inc., you must maintain orders for at least 3 sets of J.E.T. modified heads per year. Please have authorized business representative sign below if the previous statement is understood by the applying company.

Signature _____ **Date:** _____

Title: _____