



Account Number: \_\_\_\_\_

512 NE Main Street, Grimes IA 50211

Customer Care p: (515) 986-1028 f: (515) 986-1128 e: dealerresale@rightstuf.com

**BUSINESS CONTACT INFORMATION**

Company Name		Date Business Commenced	
Contact Name		Tax ID Number	
Contact Email		Resale Certificate Number (include copy)	
Contact Phone   Fax		Business Website Address	
Billing Address City, State ZIP Code		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Shipping Address City, State ZIP Code		<b>INTERNAL USE:</b>	
Anticipated Sales (monthly/annually)			
		Reviewed by   Date	

**BANK/CREDIT CARD INFORMATION**

Bank Name		Credit Card Holder Name	
Bank Phone		Credit Card Type	
Account Number		Last 4 Digits of Credit Card	
		Credit Card Expiration	
		Authorized Credit Card Users	

**BUSINESS/TRADE REFERENCES**

Company name		Phone	
Address		Contact	
City, State ZIP Code		Fax	
Type of account		E-mail	
Company name		Phone	
Address		Contact	
City, State ZIP Code		Fax	
Type of account		E-mail	

**AGREEMENT**

By submitting this application, you authorize RightStuf, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Signature		Title		Date	
Printed Name					