



View Solutions Inc.

DEALER APPLICATION FORM

(Please email the completed Dealer Application Form to sales@viewsolutionsinc.com or fax it to 909-946-1811.)

Business General Information

Company Legal Name:			DBA:		
Tel:		Mobile Phone:		Fax:	
Address:					
Email:		Website:		Years in Business	
Type of Business:	Corporation	Partnership	Sole Proprietorship	LLC	Other
Federal Tax ID#:		Resale#:		CA Resale#:	

Terms: (Please select one) Net 30 COD Prepaid

Bank Reference:

Bank Name:		Acct#:	Tel: Fax:
Address:			

Business Trade References:

Company:	Acct#	Tel:	Fax:
Company:	Acct#	Tel:	Fax:
Company:	Acct#	Tel:	Fax:

This Dealer Application will serve as a binding agreement between the Applicant and View Solutions Inc. The above information is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize View Solutions Inc. to investigate the reference(s) listed to my/our credit and financial responsibility.

SIGNATURE MUST BE EXECTUED IN ORDER TO PROCESS APPLICATION.

Signed by: Print Name: Title: Date: