



PROSPECTIVE DEALER WORKSHEET

We are pleased to have the opportunity to consider your company becoming a dealer for one or more of the product lines offered by TEXAS OUTDOOR POWER EQUIPMENT DISTRIBUTORS, INC. ("TOPE").

Attached is a brief Dealer Worksheet for your completion and return to this office.

Thank you.

*Crystal Mateer
Credit Manager
512-948-4140
800-863-8673 (Fax)
crystalmateer@topequipment.net*

DEALER WORKSHEET

1. **NAME OF DEALERSHIP:** _____

NAME OF LEGAL ENTITY: _____

ASSUMED NAME: _____
(If Applicable)

ADDRESS OF BUSINESS: _____

(City) (Zip Code) (State)

CONTACT INFORMATION:

TELEPHONE NUMBER: _____
(Area Code) (Telephone Number)

EMAIL ADDRESS: _____

2. **NAME OF OWNER(S) & TITLE:** _____
(Name) (Title)

(Name) (Title)

(Name) (Title)

3. **PRODUCTS INTERESTED IN HANDLING:** _____

4. **NAME OF PERSON WHO WILL SIGN
DOCUMENTS AND TITLE:** _____
(Name) (Title)

5. **REQUESTED AMOUNT OF CREDIT LINE:** _____

6. **COPIES OF MOST CURRENT TAX RETURN
AND FINANCIAL STATEMENT** _____
(TAX YEAR)

Credit Application

BANK REFERENCES

Name _____	
Address _____	
Phone Number _____	Bank Officer _____
Type of Account _____	How Long? _____

Name _____	
Address _____	
Phone Number _____	Bank Officer _____
Type of Account _____	How Long? _____

TRADE REFERENCES

Give only names of those you buy from on open account for at least one year.

Name _____		
Address _____		
Phone Number: _____	Fax: _____	High Credit _____

Name _____		
Address _____		
Phone Number: _____	Fax: _____	High Credit \$ _____

Name _____		
Address _____		
Phone Number: _____	Fax _____	High Credit \$ _____

Do You Own Your Business Location? _____	
If No, State Name, Address and Telephone Number of Landlord	

Business Lic. No.: _____	Annual Gross Sales \$: _____
No. Years This Business: _____	Taxable: _____ Yes _____ No
Ownership: _____ Corporation	_____ Partnership _____ Proprietorship