

PSS SEAL DEALER APPLICATION

Please complete, sign and return this confidential credit application to be eligible for dealer account status with PSS Seal, LLC. after review of this application and references, you will be contacted about future account status, terms and limits. You may submit your own credit application for approval, but this form must be signed and dated for consideration.

Email the completed form to info@pssseal.com, along with your **Reseller Certificate**.

| | | |
|-------------------------------------------------|----------------------|--------|
| COMPANY NAME: | | PHONE: |
| MAILING ADDRESS: | | |
| SHIPPING ADDRESS: | | |
| EMAIL: | WEBSITE: | |
| FEDERAL TAX ID#: | STATE RESALE #: | |
| TYPE OF FIRM (CORPORATION, PARTNERSHIP, OTHER): | | |
| DATE OF FIRM ESTABLISHED: | TYPE OF BUSINESS: | |
| ESTIMATED VOLUME: | SHOWROOM (YES / NO): | |

PRINCIPAL(S) OF FIRM

| | |
|----------|--------|
| NAME: | PHONE: |
| ADDRESS: | |