



6110 NE 127th Avenue Vancouver, WA 98682

Reseller Account Application

Please complete this application as required using black ink and email it to lmyers@roadmasterinc.com

Business information

Business legal name _____

D.B.A. name _____

Billing street address _____

City/State/Zip _____

Primary phone number _____ Fax number _____

Website _____ Email _____

Shipping street address _____

City/State/Zip _____

Parent company legal name _____

Street address _____

City/State/Zip _____

Primary type of business: RV supplies store Distributor RV dealer Automotive dealer

Welding shop E-commerce Other: _____

Business entity: Corporation L.L.C. Sole proprietor

Partnership Other: _____

Year started in business _____ State resale or tax I.D. number _____

Type of account requested Open Credit card

Approval \$ _____	Name _____	(Office use only)
Account number _____	City _____	
Date _____		

Credit applicant references

(Please list only those accounts you have open credit with.)

Name _____ Phone _____ Fax _____

Street address _____ City/State/Zip _____

Name _____ Phone _____ Fax _____

Street address _____ City/State/Zip _____

Name _____ Phone _____ Fax _____

Street address _____ City/State/Zip _____

Name _____ Phone _____ Fax _____

Street address _____ City/State/Zip _____

Owners' declaration

To be filled out by owner(s), majority stock holder(s) and/or corporate officers

Last name _____ First _____ Initial _____

Street address _____ City/State/Zip _____

Social Security Number _____ D.O.B. _____ Birthplace _____

Driver's license number _____ State _____ Home phone _____

Last name _____ First _____ Initial _____

Street address _____ City/State/Zip _____

Social Security Number _____ D.O.B. _____ Birthplace _____

Driver's license number _____ State _____ Home phone _____

For the purpose of obtaining credit with ROADMASTER Incorporated, an Oregon corporation, I do hereby affirm that the above information and statements are true, complete and accurate at the time this document is dated. You or any assignee or any agency employed by either of you shall be privileged to make any investigation concerning me and concerning the above inquiries and to disclose to each other and to any interested parties the result of any such investigations or your experience with any of my accounts. I hereby agree to pay all collection costs, attorneys' fees and court costs, if necessary, to collect on any and all past due amounts owned on my account, as well as 1.5% per month service charge. I also hereby guarantee any credit extended to me or my business by ROADMASTER personally and privately.

Owner's signature _____ Dated _____

Owner's signature _____ Dated _____

Corporate information

Business legal name _____

D.B.A. name _____

Physical address _____

City/State/Zip _____

Primary phone number _____ Fax number _____

Mailing address _____

City/State/Zip _____

Additional places of business _____

I hereby certify that I am the applicant or an authorized representative and that all the information on this Reseller Account Application is accurate and true on the date recorded below.

Last name _____ First _____ Initial _____

Street address _____ City/State/Zip _____

Signature _____ Date _____