



NEW DEALER APPLICATION FORM

REV:4/14/08

IMPORTANT: For dealer prices to apply to future orders, this form must be returned to Advanced Sleeve. Thank you.
(PLEASE PRINT CLEARLY)

Date: / /

In order to qualify as an Advanced Sleeve Dealer, you must fill out this application and return it with the necessary proof of dealership as described in item #12 below. Orders shipped can be paid for by: Visa or MasterCard

1. Name of Business: _____
(Always place your orders and pay under this name)

Billing Address

2. Street: _____
City: _____ State: _____ Zip Code: _____

Shipping Address

Street: _____
City: _____ State: _____ Zip Code: _____

3. Business Phone: () _____ Fax: () _____ E-Mail: _____

4. Owner's Name: _____ Home Phone: () _____

5. Social Security #: _____

6. Accounts Payable Person: _____ Ext: _____

7. Are you a Franchised Dealer? _____ Tax ID #: _____

8. Brand of recreational vehicle sold or description of related recreational vehicle business: _____

9. Your Bank: _____ Branch: _____
Street: _____

City: _____ State: _____ Zip Code: _____

Bank Phone Number: () _____

10. Date your business was established: / /

11. Credit Card #: _____ - _____ - _____ - _____ EXP: ____/____ CVV2: _____
(last three on back of card)

Name on card: _____

Card Billing Address: _____

Advanced Sleeve does NOT ship COD.

12. IMPORTANT - Your application can not be approved without the following:

- Proof of business. No application will be processed without these items enclosed with this application:
- A) Copy of your letter head or business card.
- B) Copy of your state resale business license or your vendor's license.
- C) Copy of an invoice from a present supplier in the recreational field. (Include terms of payment)
- D) A photo of your present facility.

13. For our records, please list below other wholesale firms in the business that have sold to you:
(Please note that this form is not a credit application)

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Send Completed Form to:

Advanced Sleeve Corp., 6850 Patterson Dr., Mentor, OH 44060 (440) 205-1055 FAX (440) 205-1056 www.advancedsleeve.com