

LIQUID ICON, INC 2006 DEALER APPLICATION



LIQUID EYEWEAR TECHNOLOGY
LIQUID EYEWEAR TECHNOLOGY



Dealer Name: _____ **If Corp: what State** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone () _____ **Fax ()** _____

Years in Business: _____ **Years** _____ **months** **Do you sell online: Yes** ___ **No** ___

Sales Tax ID#: _____ **Federal Tax ID#** _____

Type of Business: _____ **How many Locations:** _____

Owners Name: _____ **Social Sec. #** _____

Owners Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **Web site address** _____

How will payments be made: ___ **Check** ___ **Credit Card** ___ **Money Order**

Bank Name: _____ **Branch Location:** _____

Phone: _____ **Bank Acct. #** _____

Signature of Owner if dealer is applying for credit terms:

Authorized employee Signature who will be doing the buying: