



**12070 NW 40th St # 1
Coral Springs, FL 33065**

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BUSINESS INFORMATION

FIRST/LAST NAME			COMPANY LEGAL NAME		
<input type="text"/>			<input type="text"/>		
STREET ADDRESS			PHONE		
<input type="text"/>			<input type="text"/>		
CITY	State	ZIP	FAX		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
COMPANY WEBSITE					
<input type="text"/>					
RESALE TAX CERTIFICATION #			BUSINESS LICENSE #		
<input type="text"/>			<input type="text"/>		
# OF EMPLOYEES	ANNUAL REVENUE		YEARS IN BUSINESS		
<input type="text"/>	<input type="text"/>		<input type="text"/>		
BUSINESS TYPE <input type="checkbox"/> DEALER/INSTALLER <input type="checkbox"/> RETAILER <input type="checkbox"/> INTERNET RETAILER <input type="checkbox"/> OTHER					

DEALER ACCOUNT LOGIN INFORMATION (REQUIRED FOR ALL DEALERS)

VALID E-MAIL ADDRESS (REQUIRED)	<input type="text"/>	PASSWORD (REQUIRED)	<input type="text"/>
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PAYMENT INFORMATION

VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

CARD #	<input type="text"/>	EXPIRE DATE	<input type="text"/>
CVV CODE	<input type="text"/>	FULL BILLING ADDRESS	<input type="text"/>
		BILLING ZIP	<input type="text"/>

EXPECTED PURCHASE VOLUME ANNUALLY

☐ \$0-\$1000 ☐ \$1001 - \$3000 ☐ \$3001 - \$10K ☐ \$10K+

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> FRIEND REFERRAL	<input type="checkbox"/> MAGAZINE	NAME OF MAG.	<input type="text"/>	<input type="checkbox"/> INTERNET SEARCH
<input type="checkbox"/> WE CALLED YOU	REPS NAME	<input type="text"/>	<input type="checkbox"/> TRADE SHOW	

ALL COMPLETED APPLICATIONS MUST BE ACCOMPANIED BY A COPY OF YOUR MATCHING BUSINESS LICENSE, A VALID TAX CERTIFICATE, COPY OF YELLOW PAGE AD OR PICTURE OF STORE DISPLAYING BUSINESS SIGN.