



Dealer Application for LN Engineering

Business Name _____ Business Phone _____ FEIN | Sales Tax ID _____

Mailing Address _____ City _____ State _____ Zip code _____

Shipping Address (if different) _____ City _____ State _____ Zip code _____

Bank Name _____ Bank Phone _____ Bank Official _____

Bank Address _____ City _____ State _____ Zip code _____

Checking Account Number _____ Account Manager or Branch Manager _____ Years held _____

Credit Card No. (Visa/MC/Disc) _____ Exp. Date _____ CCV _____ Billing Zip Code _____ Name on Card _____

Business Type: Proprietorship _____ Partnership _____ Corporation _____ Other _____

Owner(s) Name _____ Home Phone _____ Email Address _____

Home Address _____ City _____ State _____ Zip code _____

Years in Business : _____ # of Employees : _____ Previous Years' Total Sales : \$ _____

List Major Suppliers you do business with and complete the form below for one vendor you do the most business with:

Company Name _____ Company Phone _____ Company Fax _____

Company Address _____ City _____ State _____ Zip code _____

Average Yearly Purchases: \$ _____ Years you have done business with this vendor: _____

Please mail or fax this application including copy of business/resale license to:

LN Engineering
PO Box 401
626 N. Locust St.
Momence, IL 60954 USA

Ph: (815) 472-2939
Fx: (413) 280-9041
Email: info@LNEngineering.com