



675 4th Street
Vero Beach, FL 32962
Phone (772) 299-1955 Fax (772) 299-1958
Email Completed Application To: pcshutters@gmail.com

New Dealer Application Form

Provide the following documentation in order to qualify for our dealer program:

- A completed dealer application form
- A copy of your resale tax exemption certificate if applicable
- A copy of your company business card

Date _____

Office Phone _____ Office Fax _____

Mobile Phone _____ Contact Name _____

Legal Firm Name _____

Doing Business As (DBA) _____

Street Address _____

City _____ State _____ Zip _____

Website Address _____

E-mail Address _____

A/P Email Address _____

Place X next to one of the following:

Sole Proprietorship _____ Partnership _____ Corporation _____

Resale Tax Number # _____

(Must also include a copy of the certificate if applicable)

Name of Owners/Partners/Shareholders:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Are you an authorized dealer of another manufacturer? Yes _____ No _____

If yes list manufacturer(s) below

1. _____

2. _____

3. _____

Guarantor:

The undersigned _____ (print name) hereby guarantees payment of all money due and owing to Palm Coast Shutters And Aluminum Products, Inc. by _____ (print company name) for purchases already made or to be made in the future from Palm Coast Shutters And Aluminum Products, Inc. and agrees that guarantor will pay the full amount owed in the event that _____ (print company name) does not pay the amount owed.

Owner or Officer: _____ Date: _____

Payment may be via Cash, Check, Credit or Debit (2.5% applies if debit or credit)

Credit or Debit card number for use on this account: _____

Expiration Date: _____ CVC Number: _____