

ENROLLMENT FORM



Company Name _____ **Date** _____

Mailing & Billing Address:

Shipping Address:

Street _____

Street _____

City, St. Zip _____

City, St. Zip _____

Dealer Contact: _____

Tax Exemption # _____

Phone _____

Trucking Line _____

Fax _____

Nature of Business _____

Type of Business _____

Ownership _____

Year Business Started _____ Number of Locations _____ Number of Employees _____

Web Site: _____ E-mail _____

For ZIP DEE Products, who will be responsible for the following, please provide full name and title

Product Sales: _____

Ordering: _____

Product Servicing: _____

Payment of Account: _____

Trade Association Memberships: RVIA RVDA FMCA Other Explain _____

Bank Reference

Name	Address	Type of account	Account Number
1) _____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Saving	_____

Trade References: Must have complete names, addresses and phone numbers. *

Name	Address	City, St Zip	Phone#
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

The above information, to the best of my knowledge, is true and correct. I hereby give Zip Dee authorization to contact any of the references listed herein to seek information on my credit status, keeping within generally accepted credit reporting guidelines.

Signature _____ Title _____

* Note: You must provide proof of your association with the Recreational Vehicle Industry to qualify as a wholesale customer.

800-338-2378

FAX 847-437-7064

accounting@zipdeeinc.com