

APPLICATION FOR DEALER STATUS

ENKAY POLISHING, INC.

PHONE (718)272-5570 FAX (718)272-1520

BUSINESS CONTACT INFORMATION

Name: _____ Title: _____

Company Name: _____ Web Site: _____

Phone: _____ Fax: _____ e-mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date Business Commenced: _____

Is this business a: Sole Proprietership Partnership Corporation

Type of Business: _____ Tax ID: _____

Purchases may be paid in advance by company check, cashiers check or money order, or at time of order with any major credit or debit card. If you would like Enkay Products to keep your credit card information on file, please fill out the form below.

Credit Card Information: American Express MasterCard VISA

Name of Cardholder: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Card Number: _____ Expires: (month)/(year) ___/___ 3-Digit Security Code: _____

Please fax or mail the required information to Enkay Polishing along with two of the following qualifying forms: City or County Business License, Resellers Certificate, Taxpayer ID, Business Card