U-Dump Trailers New Dealer Application

www.udumptrailers.com

COMPANY NAME:	NAMES OF OFFICERS/PARTNERS OR SALESPERSO	
STREET ADDRESS	NAME	TITLE
CITY / STATE / ZIP:	NAME	TITLE
MAILING ADDRESS:		
CITY / STATE / ZIP:	TRADE REFERENCES	
ELEPHONE:	NAME	PHONE
FAX:	ADDRESS	
EMAIL:	CITY / STATE / ZIP	
DEALER NAME:	NAME	PHONE
DEALER NUMBER (MUST HAVE A CURRENT DEALER NUMBER):	ADDRESS	
DEALER ADDRESS:	CITY / STATE / ZIP	
CITY / STATE / ZIP:	BANK REFERENCE	
cceptance of Material or Service on your part constitutes agreement incurred in the	NAME	PHONE
ollection of payment for same. If credit is extended for replacement parts, any amount emaining beyond agreed upon terms as printed on the invoices in question are subject to a service charge of 1½% per month. All new trailers are sold COD and payment will	ADDRESS	
e collected at the time of delivery or before. Applicant agrees to all of the Terms and conditions of Sale as stated above.	CITY / STATE / ZIP	
MPANY (APPLICANT)	DATE _	