

**DEVONSHIRE PAPER COMPANY**

1137 CONVEYOR, # 105

DALLAS, TEXAS 75247

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**DEALER APPLICATION**

Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Account Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Resale Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Store \_\_\_\_\_ Online Retailer \_\_\_\_\_ Home Based

If you don't sell on-line, are you planning to in the future? \_\_\_\_\_

Bill to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Web-site: \_\_\_\_\_

Are you interested in: \_\_\_\_\_ Blank Stock \_\_\_\_\_ Customized Product

Do you have more than one sales location? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who is your Accounts Payable Contact? \_\_\_\_\_