Dealer Set-up Sheet

Company

Name_____

Contact Name_____

Email_____

Address_____

City_____ State_____ Zip_____

Phone _____

Password (optional)_____

Tax ID: _____Tax exempt**: Y / N**

Payment Method: PO will create monthly invoice

Credit Card: Call Lucas at 800-338-1702 X 1110 to set up CC on file account.

Date Set-up:_____ BY: _____

Both ship to location or ship direct to consumer are available.