



WELLS CARGO, INC.

APPLICATION FOR DEALERSHIP

BUSINESS NAME: _____

TYPE OF PRODUCTS SOLD: _____

MAILING ADDRESS

Street (or PO Box): _____

City: _____

State: _____ ZIP Code: _____

SHIPPING ADDRESS (If different from mailing address)

Street _____

City: _____

State: _____ ZIP Code: _____

TELEPHONE NUMBER: (_____) _____

FAX NUMBER: (_____) _____

TOLL-FREE NUMBER: (_____) _____

EMAIL: _____

WEB: _____

EMPLOYER IDENTIFICATION NUMBER: _____

(Or, Social Security Number if privately owned)

DEALER LICENSE NUMBER: _____

OWNER(S) NAME: _____

MANAGER'S NAME: _____

SALES CONTACT: _____

TYPE OF BUSINESS: Privately Owned Partnership Corporation

Year Business Was Established: _____

Annual Sales Volume: \$ _____

of Employees: _____

of Sales Representatives: _____

BANKING REFERENCE

Name of Bank: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone Number: _____

Contact Person: _____

Type of Accounts: _____

DO YOU CURRENTLY USE FLOOR PLANNING: Yes No

SERVICE FACILITIES:

(a) Trailer Body Repair YES NO

(b) Axle Repair and Maintenance YES NO

(c) 12 Volt Electrical YES NO

(d) Hitch Installation YES NO

(e) Other: _____

CREDIT REFERENCES:

(1.) Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Person to Contact: _____

Terms: _____

(2.) Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Person to Contact: _____

Terms: _____

(3.) Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Person to Contact: _____

Terms: _____

SUBMITTED BY:

Signature: _____

Name: _____

Title: _____

Date: _____

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Elkhart, IN 46515-0728
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FAX: (574) 264-5938

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WELLS CARGO, INC.
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Waco, TX 76714-7128
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WELLS INDUSTRIES, INC.
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Phone: (801) 621-3637
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Phone: (623) 936-8150
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Web: www.wellscargo.com