

DEALER APPLICATION

Contact Information:

Full Legal Business Name: _____
 D/B/A Name (if different): _____
 Name of Primary Office Contact: _____ Title of Contact: _____
 Business Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Phone: _____ Fax: _____ E-mail: _____
 Business Web Site: _____

Business Information:

State(s) in which the Business operates: _____ State(s) in which you deliver into: _____
 Federal Tax ID (FEIN): _____
 Name of Business Principal: _____
 Name of Business Principal: _____
 Name of Business Principal: _____
 Date Business was established: _____
 Are you a: (check as many that apply)
 Builder – Retail Builder – Sell Wholesale Retail – Inventory Consigned Retail – Inventory Owned
 What type/brand of building do you build/sell? _____
 Product Types: Portable Bldg Decks Swing Sets Carports Playhouses Gazebo Livestock
 Annual Sales: \$ _____ Average Building Sale Price: \$ _____
 Number of Full-Time Employees: _____ Number of Part-Time Employees: _____
 Does Business have a full-time sales force? Y / N If yes, how many sales employees? _____
 Other sales lot locations: _____
 Do you own or rent your lots? Circle one: Own Rent
 If you rent:
 Landlord name: _____ Phone: _____
 Landlord name: _____ Phone: _____
 Landlord name: _____ Phone: _____
 (Continue on separate page if necessary.)
 Has Business offered Rent-to-Own before? Y / N If yes, who? _____
 Does Business offer financing? Y / N
 How did Business hear about Heartland? _____
 How does Business expect Heartland to help? _____

Trade References:

Business name: _____ Type of relationship (describe): _____
Contact: _____ Phone: _____
\$ Annual purchases (if applicable): _____

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Supplemental Information:

Please provide at least ONE of the following documents:

- A copy of the most recent annual financial statement for the Business (balance sheet and income statement).
- A copy of the Business' most recent tax return (or Schedule C from personal return if sole proprietor).

Please also provide:

Company literature, such as brochures or product price lists

Consent to obtain a copy of your personal credit report:

Principal's Name: _____ Title: _____
Home Street Address: _____ City: _____ St: _____ ZIP: _____
Social Security Number: _____ Date of Birth: _____
Signature: _____ Date: _____

Provide a copy of photo identification listing the same name, address, and DOB as listed above.

Principal's Name: _____ Title: _____
Home Street Address: _____ City: _____ St: _____ ZIP: _____
Social Security Number: _____ Date of Birth: _____
Signature: _____ Date: _____

Provide a copy of photo identification listing the same name, address, and DOB as listed above.

By signing below, I certify the information provided is true and correct, and I understand screening and background checks may be performed to determine whether the Business will be accepted and approved as a Heartland Dealer. **If approved, a Dealer Agreement will be forth coming.**

Signature of Business Owner or Authorized Executive

Title

Printed Name

Date