

RovAbout Dealer Information Form

Business		Legal Name:	Date Business Established:
Mailing Address:			
City:		State:	Zip:
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC Check One			
# Locations:		Website:	
Business License: <input type="checkbox"/> Yes <input type="checkbox"/> No		State Sales Tax Exempt Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No State Federal ID #:	
Describe Business and Products Currently Sold:			
Describe Why you want to offer RovAbout Products and anticipated Annual Order Volume:			

Contact		Principle Name:	Title:
Phone:			
Email:			
Bank Reference:		Phone:	
City:		State:	Zip:
Other Notes or Comments:			
OFFICE USE ONLY			
Dealer Number:			
Regional Sale Manager		Nextep Funding:	Date Received:

Return to RovAbout at: dealers@RovAbout.com or Fax to 770-825-9158