

Print a copy of this form to fill out and fax back to us.



Cross Creek Tractor

NEW DEALER APPLICATION

YOUR COMPANY INFORMATION

****PLEASE PRINT LEGIBLY****

COMPANY NAME: _____ PHONE: _____

TYPE OF BUSINESS: _____ FAX: _____

PARTNERSHIP PROPRIETORSHIP INCORPORATED IN WHICH STATE: _____

TAX NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

IMPORTANT - To be considered for dealer status, you must return this application to us by fax, along with copies of your business license, sales tax certificate, and a W-9.

RETURN FAX NUMBER: (256) 739-0471