



Dealer Application

Please fill this form out in its entirety along with a copy of your business license or seller's permit and mail, fax to : (920) 893-4830, or email this form to info@mt-llc.com. If you are sending parts please include your Service Order Form.

Date: _____

Business Information

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Fax _____ Email _____ Website _____

Owner _____

Contact _____

Federal E.I.# (Tax ID) _____

WI Dealers: If Tax Exempt and sending Form S-211, check here

References _____ Years of Business _____

Additional Information

Please indicate your preferences for the following services:

Detonation: Call before repairing Fix detonation, no call required

Heli-coils: Call before installing Install heli-coil, no call required

Other requests to keep on file _____

Preferred Shipping *please circle choice*

UPS	Ground	3 Day	2 Day	Next Day	Next Day Early AM
FED-EX	NA	3- Day	2 Day	Standard	Priority Overnight

Payment

C.O.D. Credit Card Type: _____

Card # _____

Expires _____ Security Code _____

Billing Address Same as Shipping Address _____