



## Dealer Application

Fax: (610) 251-0263  
 (Attn: Dealer Program)  
 Phone: 877-778-2435  
 Dealer@AmericanMuscle.com

Company Name:

### Billing Address:

Address:		
City:	State:	Zip:

### Shipping Address:

Address:		
City:	State:	Zip:

### Company Info:

Phone:	Fax:
Web Address:	
Federal Tax ID:	State Re-sale ID:

Please fax a copy of your resale license, business license or PST with your application.

### Credit Card Info:

Card #:	Exp date:	Type:
Authorized Signature:	CVV2:	

### Contact Information (Primary Contact):

Name:	Title:
Phone:	Email:

### Contact Information (Secondary Contact):

Name:	Title:
Phone:	Email:

The undersigned, jointly and individually, certify that all information in this application is complete, factual and correct. American Muscle is hereby expressly authorized to contact any parties listed here in and to verify any information contained in this application.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note that the Primary and Secondary contacts given will be the ones authorized to make purchases. Please write legibly or type your application. If application is illegible, it will not be processed.

7 Lee Blvd - Malvern, PA 19355 STE 100