

ART'S WAY DEALER APPLICATION
Please submit to sales@artsway-mfg.com



Legal Name of Business: _____ Trade Name: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Sales Email: _____
Phone Number: _____ Years in Business: _____

This company is a (circle one): Corporation Proprietorship Partnership
Federal ID #: _____ Sales/Use Tax No: _____
Product Lines Carried: _____
Does your dealership have: Sales Area Service Area Parts Storage Equipment Display

Ownership (List full names of owners, partners, corporate officers)
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Dealership Manager Name: _____ Email: _____
Sales Manager Name: _____ Email: _____
Service/Warranty Name: _____ Email: _____
Advertising Contact Name: _____ Email: _____

Credit References Name/Address/Email:
1. _____
2. _____
3. _____

Bank Information Name: _____ Email: _____
Address: _____ Phone: _____

Please attach the following:
 Initial Equipment Order List of all locations Re-Sale Certificate

Dealership Signature: _____ Date: _____
AW Territory Rep Approval: _____ Date: _____
AW Manager Approval: _____ Date: _____
AW Accounting Approval: _____ Date: _____

Account Number Assigned: _____ Credit Limit Approval: \$ _____

This signature authorizes Art's Way Manufacturing to check dealership credit with above mentioned parties.



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