



INTERNATIONAL DEALER APPLICATION

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BUSINESS INFORMATION	LEGAL BUSINESS NAME		ACCOUNT NUMBER <i>OFFICE USE ONLY</i>	
	BILLING ADDRESS (STREET)			
	(CITY)		(COUNTRY)	(POSTAL CODE)
	SHIPPING ADDRESS (if different from above) (STREET)			
	(CITY)		(COUNTRY)	(POSTAL CODE)
	PHONE/SKYPE USER ID		E-MAIL	
	YEARS IN BUSINESS	NO. OF EMPLOYEES	TYPE OF OWNERSHIP (check one)	
			<input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
ACCOUNT TYPE (check one)		WEBSITE		
<input type="checkbox"/> Credit Card <input type="checkbox"/> Wire/Pre-paid				
FREIGHT FORWARDER	FREIGHT FORWARDER NAME			
	SHIPPING ADDRESS (STREET)		(CITY)	(STATE) (POSTAL CODE)
	CONTACT NAME		TITLE/POSITION	
	PHONE	E-MAIL		
OWNER	NAME		E-MAIL	
	HOME ADDRESS (STREET)		(CITY)	(COUNTRY)
BUYER	NAME		E-MAIL	
	HOME ADDRESS (STREET)		(CITY)	(COUNTRY)

