



New Dealer Application

Business Name: _____

Primary Contact Name: _____

Email Address: _____

Phone Number: _____

Billing Address:

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Shipping Address: *if different than Billing Address*

Street Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

Shipping Account Number & Carrier (if applicable):

Description of Business: *please provide a brief overview of your business, including but not limited to current product assortment, online presence, and what you're hoping to bring in from Didax.*

Payment Terms Preferred:

Net 30 Terms

Credit Card

Please note if terms are preferred a credit application will be required and may delay your order. If credit card is preferred a representative will be in touch to obtain payment information.

Signature: _____

Please note this New Dealer Application does not ensure a dealer account or dealer pricing with Didax, Inc. and must be approved by management.