



EXTREME METAL PRODUCTS LLC,
4770 BRIAR RD.
CLEVELAND, OH 44135
PHONE NUMBER 216-267-3900
www.extrememetalproducts.com

DATE: _____

DEALER APPLICATION FORM

PLEASE PRINT AND COMPLETE FORM AND FAX BACK TO 216-267-3992 or Email to dealerorders@extrememetalproducts.com

DEALER NAME: _____

CONTACT PERSON _____

PHONE NUMBER: _____ FAX _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

SHIPPING
ADDRESS _____

BILLING ADDRESS IF DIFFERENT: _____

WE SHIP BY UPS GROUND, IF YOU WANT US TO USE YOUR ACCOUNT, PLEASE
PROVIDE YOUR UPS ACCOUNT NUMBER _____

DAYS OPEN FOR BUSINESS _____

HOURS OPEN FOR BUSINESS _____

BUSINESS HAS A: FORK LIFT _____, LOADING DOCK _____ FOR UNLOADING
FREIGHT

PLEASE PROVIDE:

***COPY OF TAX EXEMPT FORM FOR BUSINESS**

***PICTURE OF FRONT OF YOUR BUSINESS**