



EXTREME METAL PRODUCTS, LLC
4830 BRIAR RD.
CLEVELAND, OH 44135
PHONE NUMBER 216-267-3900
www.extrememetalproducts.com

DATE: _____

DEALER APPLICATION FORM

Please print and email completed form to: dealerorders@extrememetalproducts.com

DEALER NAME: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ FAX _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

SHIPPING ADDRESS: _____

BILLING ADDRESS IF DIFFERENT: _____

WE SHIP VIA UPS GROUND. IF YOU WANT TO USE YOUR ACCOUNT PLEASE
PROVIDE YOUR UPS ACCOUNT NUMBER: _____

DAYS OPEN FOR BUSINESS: _____

HOURS OPEN FOR BUSINESS: _____

BUSINESS HAS A:
FORKLIFT _____
LOADING DOCK FOR UNLOADING FREIGHT _____

*by submitting this application you consent to receive marketing emails from Extreme Metal Products, LLC

PLEASE PROVIDE:

***COPY OF TAX-EXEMPT FORM & W-9 FOR BUSINESS**

***PICTURE OF FRONT OF YOUR BUSINESS & SHOWROOM**