



Dealer Application

Company Name: _____

Contact Person: _____

Telephone #: _____ Fax #: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Sales Tax ID #: _____

Accounts Payable Contact: _____ A/P Telephone #: _____

A/P E-mail Address: _____

Is the bill to and ship to address the same? _____ YES _____ NO (If no, please complete below)

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Website Address: _____

Type of Business: _____ We have been established _____ years

We are interested in (please check one):

_____ Stocking Furniture _____ Placing orders on a per customer basis

_____ Drop ship program _____ Stocking Furniture and Drop ship program combination

How did you hear about the dealer program?: _____

Our legal entity is (please check one) _____ Corporation _____ Co-Partnership _____ Sole Proprietorship

(If a corporation, list names of officers and titles. If other entity, list the names of partners or owners.)

Name _____ Address _____ City _____

Please fax to 313-766-4953 or e-mail to moonvalleyadmin@moonvalleyrustic.com

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