



Authorized Dealer Registration

Date: _____ Midway Industries, Inc. Sales Rep: _____

GENERAL BUSINESS INFO:

Business Name: _____

DBA: _____

Address (business billing address): _____ **Company Headquarters Address (if different)**

Main Phone: _____ Fax: _____, General Email: _____

Website if applicable: _____

Briefly describe your installation/workshop facility: _____

Have you previously done business with us? Yes No Resale Number _____

Please describe additional services that the business offers to benefit the consumer: _____

The undersigned warrants that the information submitted in this application is true and correct at the time of completion

The undersigned hereby applies for Authorized Dealer status with Midway Industries, Inc., and agrees to abide by Midway Industries, Inc.'s terms and conditions of sales and applicable Minimum Advertised Price Program (MAP) and Co-op/Marketing programs. The terms of the Authorized Dealer Agreement are incorporated into Authorized Dealer Program Terms. You can find these terms at <http://CFTerms.centerforce.com>.

By: _____ Title: _____
Print Name

Signature: _____ Date: _____

Any questions, contact your sales representative or Bryan Wilson at 928-771-8422