



All Season Service & Sales LLC
 DBA Dirty Hooker Diesel
 227 Industrial Drive
 Harbor Beach MI 48441
 Phone: 989-479-0444

RESELLER APPLICATION

Have you done business with us in the past? Yes _____ No _____

Legal Business Name: _____

DBA: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Purchasing Contact: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Type of Business (Brick & Mortar Retail, Online Store, Installer/Shop): _____

Corporation: _____ Sole Prop: _____ Partnership: _____ LLC: _____

Sales Tax I.D #: _____ Date Established: _____

Preferred Form of Payment: (Check one)

Credit Card: _____ PayPal: _____ Cash/Check: _____

Social Media Links/User Info:

Facebook: _____

Instagram: _____

Tiktok: _____

Snapchat: _____

Youtube: _____

Additional Applications Requirements:

Please include the following with your application.

- 1) Picture/Copy of State Issued Tax License
- 2) Exterior Picture of Business
- 3) Interior Picture of Workspace (Shop and/or Showroom)

Owner/Officer Signature: _____ Date: _____

Applications will be processed in the order they are received. Not all applicants will qualify. Applicants will receive a written response via email within 10 business days. The requirement for acceptance into our reseller program may change at any time. Dirty Hooker Diesel reserves the right to terminate any form of written or verbal dealer agreement as seen fit by management.

The Area Below This Line Is Reserved for Dirty Hooker Diesel Use

DHD Acceptance

Signature

Date

Account Type: *Wholesale* *Commercial* *Tax Exempt Only*

Website Setup:

Username: _____

Password: _____

Winworks Setup:

Account # _____

Avalara Setup: (Yes / No) *Date:* _____

Notes: _____

Credit Card Authorization

I, _____ of _____ Authorize Dirty Hooker Diesel to charge the provided credit card for all open invoices and balances related to orders both verbal and written.

Circle Card Type:

Mastercard

Visa

Discover

Amex

Card Number: _____

Exp. Date: _____ CVC Code: _____

Billing Address For Card: _____

Name Listed on Card: _____

Valid Drivers Lic. #: _____

Signature of Cardholder: _____

Date: _____

