



american wholesale thermographers
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harahan, louisiana 70123

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new dealer information



NAME OF FIRM _____

STREET/BUILDING _____

MAILING ADDRESS _____

CITY, STATE, ZIPCODE _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

KIND OF BUSINESS _____

NAMES OF OFFICERS OR OWNERS OF FIRM _____

YEAR ESTABLISHED _____

IS BUSINESS INCORPORATED YES NO

BANK AFFILIATION _____

BANK OFFICER _____

CREDIT REFERENCES

1.	_____	FAX _____
2.	_____	FAX _____
3.	_____	FAX _____

ARE PURCHASE ORDERS REQUIRED TO CHARGE YOUR ACCOUNT YES NO

BY _____

INDIVIDUALLY AND AS AN OFFICER OF THE FIRM

DATE _____

This certifies that all materials, goods, merchandise and services purchases by the undersigned from AMERICAN WHOLESale THERMOGRAPHERS are being used for resale or further processing.

Resale Certificate Permit Number (Tax ID#) _____

FIRM NAME _____ STREET ADDRESS _____

CITY _____ STATE _____

GENERAL NATURE OF BUSINESS _____

SIGNED _____