

# MAS INDUSTRIES INC.

829 Hanley Industrial Court  
St. Louis, MO 63144  
Toll:1-800-481-2552  
314-968-0107 Fax/ web: www.masleather.com

## Company Application

Legal Firm Name \_\_\_\_\_ Date \_\_\_\_\_  
Doing Business As (DBA) \_\_\_\_\_ Start of Business Date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Billing Address, If Different \_\_\_\_\_  
State Resale# \_\_\_\_\_ Business License# \_\_\_\_\_  
Check One: ( ) Individual ( ) Partnership ( ) Corporation(what state) \_\_\_\_\_  
Tax ID# \_\_\_\_\_ State \_\_\_\_\_

### Names of Owner, Partners, Shareholder, Officers

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>SS#</u>	<u>Home Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Trade References

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_ Account # \_\_\_\_\_

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_ Account # \_\_\_\_\_

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_ Account # \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Type of Account ( )Checking ( )Savings ( ) Other \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone# ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

### Type of Business

( ) Franchise Dealer Dealer # \_\_\_\_\_ Please enclose copy of dealer license  
( ) Repair Shop ( ) Accessory Store ( ) Used Equipment ( ) Other \_\_\_\_\_

I hereby confirm that all above information is correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_