

# ENROLLMENT FORM



**Company Name** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Mailing &amp; Billing Address:</b>		<b>Shipping Address:</b>	
Street _____	City, St. Zip _____	Street _____	City, St. Zip _____
<b>Dealer Contact:</b> _____	Phone _____	Tax Exemption # _____	Trucking Line _____
Fax _____	Type of Business _____	Nature of Business _____	Ownership _____
Year Business Started _____	Number of Locations _____	Number of Employees _____	
Web Site: _____	E-mail _____		

For ZIP DEE Products, who will be responsible for the following, please provide full name and title

Product Sales: \_\_\_\_\_

Ordering: \_\_\_\_\_

Product Servicing: \_\_\_\_\_

Payment of Account: \_\_\_\_\_

Trade Association Memberships:  RVIA  RVDA  FMCA  Other Explain \_\_\_\_\_

**Bank Reference**

Name	Address	Type of account	Account Number
1) _____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Saving	_____

**Trade References:** Must have complete names, addresses and phone numbers. \*

Name	Address	City, St Zip	Phone#
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

The above information, to the best of my knowledge, is true and correct. I hereby give Zip Dee authorization to contact any of the references listed herein to seek information on my credit status, keeping within generally accepted credit reporting guidelines.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

\* Note: You must provide proof of your association with the Recreational Vehicle Industry to qualify as a wholesale customer.

**800-338-2378      FAX 847-437-7064      [accounting@zipdeeinc.com](mailto:accounting@zipdeeinc.com)**

Awnings By Zip Dee, 96 Crossen Avenue, Elk Grove Village, IL 60007, 847-437-0980