

# ENROLLMENT FORM



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

**Mailing & Billing Address:**

**Shipping Address:**

Street \_\_\_\_\_  
City, St. Zip \_\_\_\_\_  
**Dealer Contact:** \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Type of Business \_\_\_\_\_  
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, Inc. 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**

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