

ENROLLMENT FORM



Company Name _____ **Date** _____

Mailing & Billing Address:		Shipping Address:	
Street _____		Street _____	
City, St. Zip _____		City, St. Zip _____	
Dealer Contact: _____		Tax Exemption # _____	
Phone _____		Trucking Line _____	
Fax _____		Nature of Business _____	
Type 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

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