



DEALER APPLICATION

Please fax completed application to (801) 281-5484

COMPANY INFORMATION

Business Legal Name:		Fed Tax ID:	Date business started:
DBA (if applicable):			
Street Address:		City, State, Zip:	
Phone:	Fax:	Equipment Location Physical Address:	
Cell:	Email:	Equipment Location City, State, Zip:	

OWNER INFORMATION (All owners with greater than 10% ownership required)

Principle/Owner Name:	Title:	Email:
Additional Owner:	Title:	Email:

ADDITIONAL INFORMATION

Salespeople
Types of Equipment/Goods/Services Sold:
Equipment Manufacturers Represented:

CREDIT RELEASE

Provide complete & accurate information to avoid delays in processing. Please consider this document or a fax thereof authorization to furnish a complete history of all accounts, loans, transactions, trade information, balances or other financial information relative to any account we may have with you. I/we release Interlink Financial Services and/or its assigns from any liability arising from its credit investigation.

Signed by: X	Date:	Aztec Financial LLC Ph: 1-800-644-9537 Fax: 801-281-5484 www.AztecFinancial.com
Signed by: X	Date:	