

Black Diamond Xtreme

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Dealer Application Business Name Mailing Address City State Zip Business Address City State Zip Phone _____ Fax ____ Tax ID Number____ Corporation_____ Partnership_____ Proprietorship_____ Other(Explain)_____ How Long in Operation?_____ Incorporated in the State of_____ **Information Concerning Officers, Partners, or Proprietors:** Name Home Address______City_____State___Zip____ Name_______ Title______ Home Address______ City______ State____ Zip_____ **Trade References:** Name_______ Phone______ Address_______ State____ Zip_____ Name______ Phone______ Address______ City_____ State____ Zip_____ ______ Phone______ _____ City______ State_____ Name Address Zip I/We warrant that the information shown above to be true. I/We authorize the person to whom this application is submitted, to investigate the references herein, or other data obtained from me/us or from any other person pertaining to my/our references. Officer/Owner Signature Title

Date