

U.S. AND CANADIAN DEALER APPLICATION

Pearing Core Systems LLC
 1000 South Oak Avenue
 San Anselmo, California 94960
 Phone (415) 686-7231
 Fax (415) 259-4818

PLEASE PRINT OR TYPE

**You Must Complete all Sections or this Form will be RETURNED.
 SIGNED CERTIFICATE OF RESALE MUST ALSO BE ATTACHED.**

Name Of Firm Street P.O. Box City/State/Zip Country Phone & Fax E-Mail Purchasing Name, Phone & Fax _____ Year Established # Of Employees Approx. Facility Size Business Operates From <input type="checkbox"/> Own Building <input type="checkbox"/> Office Building <input type="checkbox"/> Home <input type="checkbox"/> Other: What Stream Products are you interested in? _____	Subsidiary of Type of Business Resale/Sales Tax No. SS# or F.E.I.N. Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship Website A/P Name A/P Phone & Fax Do You Have Service Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____ _____
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Please List FOUR manufacturers for which you are a dealer, contractor or installer:

Company Address City/State/Zip Phone & Fax Doing Business Since	Company Address City/State/Zip Phone & Fax Doing Business Since
Company Address City/State/Zip Phone & Fax Doing Business Since	Company Address City/State/Zip Phone & Fax Doing Business Since

SIGNED CERTIFICATE OF RESALE MUST ALSO BE ATTACHED.

I certify that all statements made by me in this application are correct to my knowledge. I authorize Pearing Core Systems to investigate & verify the information I have provided herein.

Signature _____ Name (Print)	Title _____ Date
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