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**Please Help Us Serve You Better**

**In order to protect the investment your company is making in products manufactured by Dache, Inc., we require all businesses interested in discounted purchasing rates complete this short form.**

**Do not fill out this form if you are applying for credit with Dache. All of the information requested by this form is duplicated in full on the "Application For Trade Credit."**

**Thank you in advance for completing this application. We will make every effort to expedite the approval process.**

**We at Dache, Inc. appreciate your business and look forward to your success with our products.**

**Best Regards,**

**Cheryl Northup  
Dache, Inc.**



Company Information

Company Information	
Contact Name:	Phone: email:
Company Name:	Parent Company:
SIC Code:	Type of Business:
Phone Number:	Fax Number:
Ownership: <input type="checkbox"/> Corporation    EIN:	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	
Year Founded:	Years at Present Location:
No. of Employees:	Annual Sales Volume:
Are POS Barcodes required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CA Reseller Permit Number (if applicable):	
Mailing Address	
Street:	
City:	State:                      Zip:
<input type="checkbox"/> Different Shipping Address	
Ship To Address:	
City:	State:                      Zip:

- The undersigned warrants that the information contained in this dealer application is full, true and correct as of the date of this application;
- The undersigned agrees to provide updated and supplemental company information as may be required by Dache, Inc.;
- Applicant acknowledges receipt of and agrees hereafter to accept Dache's Dealer Sales Policy and Terms as may also be set forth on Dache's invoices.

NOTE: If account is authorized to purchase product on open account, be it understood that all purchases be due and payable 30 days from the invoice date. The undersigned official, to induce the granting of credit to the above-named firm, hereby individually and jointly, personally guarantees all obligations of the applicant company to Dache, Inc.

THE UNDERSIGNED HAS READ AND UNDERSTANDS ALL OF THE ABOVE

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_  
Officer of the Firm

After completion, please mail the application to Dache, Inc., 35892 Burgundy Court Winchester, CA 92596.  
 If faxing, please mail the application to the above address after you have faxed it to Dache, Inc. at 951-325-2057.