



## DEALER APPLICATION

You may print this application and send by fax, e-mail, or mail

(Please Print)

SALESPERSON \_\_\_\_\_ CUSTOMER # \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BUSINESS NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street)

(City, State, Zip)

BUSINESS TYPE \_\_\_\_\_ OWNERSHIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE CO EST. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RESALE NUMBER \_\_\_\_\_ TAX ID \_\_\_\_\_

BUYERS GROUP AFFILIATION \_\_\_\_\_

METHOD OF PAYMENT (circle one)    VISA    M/C    AMEX    Discover

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_ / \_\_\_\_    SECURITY # \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

COMPLETED APPLICATION MUST BE EITHER FAXED, E-MAILED (SCANNED COPY) OR MAILED

FAX: 804-303-7648

E Mail:Orders@vincipro.com

MAIL:

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## Make The Play!