BREMARK INC

2984 First street La Vern CA 91750
email info@bremarkev.com
webside www.bremarkev.com

Dealer Application

Legal Name of Dealer Applicant: _____ Federal Tax ID#:_____

Other Names Dealer is Known as: _____Former Names of Dealer: _____

Business Address: _____

Date Business was Started: _____Date Business was Acquired: _____

Key Contact: _____Phone: (_____)_____

Web Address: _____ Fax: (_____)_____

Email Address: _____ Federal Tax ID#: _____

Business is a (mark one): Corporation*___ Chapter "S"____ Limited Liability Company____
Partnership___ Proprietorship___

*If Corporation, Articles of Incorporation must be attached.

Number of Employees:_____ Gross Annual Sales: _____

Ownership Structure:

	NAME	% OF OWNERSHIP	YEARS WITH APPLICANT	YEARS IN INDUSTRY
President:				
Vice President:				
Treasurer:				
Secretary:				
Other:				

List any other businesses (along with the city and state where they are located) in which officers, stockholders, partners or owners have an interest:

_____

_____

Locations: Please list all locations. (If more than two location, attach a complete listing of all locations.)

	Name	Street	City	State/Zip	Own/Rent
1) Principal Place of Business:					
2) Other Location:					

Dealer Bank Accounts:

	Bank	Address	Telephone	Account No.	Contact Person
1)					
2)					
3)					

Largest Creditors:

	Name	Address	Telephone	Account No.	Contact Person
1)					
2)					
3)					

Principal Guarantors:

	Name	Home Address/Phone#	Social Security Number
1)			
2)			

Financial Information:

Please provide the following financial information to Bremark inc:

1) Interim Financial Statement, current and comparable prior year _____

2) Last two fiscal year end financial statements _____

3) Business Plan (if Available) _____

The above-named Dealer makes this application to BREMARK Inc. for consideration to become a fully authorized and exclusive Dealer for **BREMARK** and its products and gives the above information to BREMARK for this purpose. Dealer authorizes BREMARK to investigate information concerning any statements made herein. I (or we, in the event that additional principals or potential guarantors execute this application by signing below) understand that my (our) company credit history may be requested in connection with this application. Dealer authorizes BREMARK to contact credit and banking references listed herein for the purpose of verification of the information listed herein. Dealer authorizes BREMARK to use any telephone, facsimile machine, computer or other device to send communications concerning BREMARK programs to
Dealer. To the best of the knowledge of the undersigned, the information provided in this application is true and complete.

ALL OFFICERS, PARTNERS OR PROPRIETORS ARE REQUIRED TO SIGN

Dealer Applicant Name: _____

Authorized by: _____ Date: _____

Title: _____

Additional Principal or Guarantor's Name: _____

Signature: _____ Date: _____

Additional Principal or Guarantor's Name: _____

Signature: _____ Date: _____