



An American company providing progressive solutions since 1946.

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Your needs are our future products.

Dealer Application

Company Name: _____
Contact Person: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone#: _____ Fax#: _____
Email: _____

Federal ID#: _____
Business Principal: _____
% of Ownership: _____
Owner Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Social Security #: _____ DOB: _____
Please sign to authorize Creamer Metal Products, Inc. to pull credit information.
Principal Signature: _____ Date: _____

General Business Information

Define the type of business you operate: Millright Reseller of equipment End User
 Other: _____

How long have you been in business? _____

Are you engaged in any other type of business? _____

Please explain: _____

How many people do you employ? _____

Do you sell material handling equipment to other people? _____

Do you install this equipment? _____

If yes, please list at least 2 customers and their complete addresses for which you have sold & installed grain handling equipment. (Do in the space provided below)

Name	Address	City	State	Zip Code

Creamer Dealer Application (continued from Page 01):

Please list any other Grain Handling equipment manufacturers that you are a dealer for:

Company Name: _____ Length of time: _____

Company Name: _____ Length of time: _____

Bank Information: (complete below)

Bank: _____ Phone#: _____

Bank Contact: _____

Credit References: (list at least 3 w/complete address and phone numbers)

Name	Address	City	State	Zip Code
	Phone#:			
	Phone#:			
	Phone#:			
	Phone#:			

How did you learn about our company?

Website Grain Journal Internet (Google) referred by: _____

Trade Show Other: _____

We appreciate your interest in Creamer Metal Products. Once the information has been checked we will contact you.