

## Auto Body Repair Supply Specialists



13 Hicks Street  
Lindenhurst, NY 11757 (USA)  
Tel: (631) 225-0333  
Fax: (631) 225-3174  
[www.autobodysupplies.com](http://www.autobodysupplies.com)

Thank you for your interest in becoming a distributor of P.D.Q. Supply Co. Inc. products. We look for business partners who are currently servicing the automotive industry and looking to expand/replace their current line. To initiate our review process, please complete the attached form and supply the additional information requested.

Forms to Complete

1. **Credit Application:** Provide three trade and appropriate bank/credit references for your business. We will contact your references and complete a credit check during this process.
2. **The Dealer Profile form:** This form helps us understand your business and the means in which you intend to sell the product line.

Additional Materials needed:

1. **Business Registration Certificate:** You must be a registered business.
2. **Reseller's Certificate:** You must be a reseller, not an end-user of our products.

Please fax these completed forms and the additional materials to P.D.Q. Supply Co. Inc. at 631-225-3174. Once all materials are transmitted to P.D.Q. Supply Co. the application process typically takes 5-7 business days.

Many thanks,

Credit Department

Tele: (631) 225-0333

Fax : (631) 225-3174

Email: [sales@pdqautosupplies.com](mailto:sales@pdqautosupplies.com)

Attn: Dealer Application Form

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## CREDIT APPLICATION

### Bank Reference:

COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Trade References:

Please provide three US-based trade references with whom you have had an active account for at least six months.

Note: all references must include a fax number for account verification.

COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Preferred Payment Options:

Net 30 days via check  
 Credit card at time of shipment

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## DEALER PROFILE

### Background and Contact info:

Business Name: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

### Purchasing Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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## DEALER PROFILE

### Background and Contact info:

Business Name: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Telephone: \_\_\_\_\_

Toll Free: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

### Purchasing Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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### Certification:

I certify that the above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Person Completing Form Date

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Title of Person Completing Form

\_\_\_\_\_