Dealer Application

Edney Distributing Co. Inc. • Phone: 888-44-EDNEY • Fax: 952.469.5269



Complete Official Business I	Name		County		
Mailing Address			If Incorporated, In Which	n State:	
Shipping Address			Year Started Business	Years Incorpo	prated
City	State	Zip	D&B (If Applicable)		
Business Phone Number			Annual Sales Volume		
Email Address:			Sales Tax (Attach Copy o	of Resale Exemption Cert.)	
Fax Number			Federal Tax ID (Attach Co	opy W9)	
Check One: ☐ Proprietors	ship 🗆 Corpor	ation □ Partr	ership 🗆 LLC		
	List C	Officers/Parti	ners/Members/Owne	rs	
President			Vice President		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		
Secretary-Treasurer			Other		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		
			(Please attach any addit	ional Owners, Partners, Membe	ers or Owners)
v	Vhat Types of	Equipment D	o You Sell? (Check Al	l that Apply)	
0 0] Food Plot] Light Constructi	☐ Hay & ion ☐ Compa	Forage	У	

Bank Reference and Address

Complete Official Bank Name			Name of Contact at Bank	
Address			Phone Number	
City	State	Zip		
		Three Active Trac	de Reference	
1. Name of Company			Phone Number	
Address			Email (Required)	
City	State	Zip	Fax	
2. Name of Company			Phone Number	
Address			Email (Required)	
City	State	Zip	Fax	
3. Name of Company			Phone Number	
Address			Email (Required)	
City	State	Zip	Fax	
		Order Contact	Information	
Accounting Contact Name			Name of Person Placing Orders	
Email Address of Accounting Contac	t		Email Address of Person Placing Orders	
How would you prefer to re	ceive invoice	es and statements?:	□ Email □ Fax □ Mail	
Do you use purchase Orde	r Numbers?	☐ Yes ☐ No	Email Address or Fax Number (if checked above)	
Authorized Dealer Signature			Date	

Please Mail, Fax, Or Email the Completed Form, a Copy of Resale Exemption Cert. and W9 to:

- Mail: Edney Distributing Co., Inc., P.O. Box 1236, Lakeville, MN 55044
- Fax: 952-469-5269
- Email: accountsreceivable@edneyco.com