



The First in Synthetics®

RETAIL ON THE SHELF ACCOUNT APPLICATION

← For Office Use Only

Please Print or Type

Company Name: _____

DBA Name: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ E-mail: _____

Primary Type of Business: _____ (Please Specify) Website URL: _____

Is this a home-based business? Yes No

Does this business provide oil changes to their customers as part of their regular service? Yes No

Purchasing Contact: _____ Accounts Payable Contact: _____

Owner's Name: _____ Number of Retail Outlets Owned/Operated _____

Doing Business As: Partnership Corporation Sole Proprietor Other: _____ (Please Specify)

I do hereby affirm that I am authorized by the above named business to establish an account for the purpose of purchasing AMSOIL Products. I have been informed and understand that approval of this account will entitle this business to sell or install AMSOIL products through physical retail outlets. I also understand that AMSOIL products cannot be sold through, nor may prices be published in, internet websites or retail catalogs.

Authorized Signature

Please Print Name

Title

Date

Highlighted fields must be completed in order to process this application.

Please return this completed application to your AMSOIL Servicing Dealer

This portion to be completed by Servicing Dealer

1506490
ZO Number

Joe Lee
DEALER NAME

7384 Lake Dr
ADDRESS

Lino Lakes Mn
CITY / STATE

763-213-9163
PHONE #

FAX #

55014
ZIP

Joe@synthetic-distribution.com
EMAIL ADDRESS

Note: This form may not be altered in any manner. Original application and a completed profile sheet must be submitted to AMSOIL Account Registration Department