

**Maverick Hats**

424 E. Central Blvd, # 340  
Orlando, FL 32801  
Phone 407-422-4200 Fax 866-646-1509

We're a little bit country and a  
little bit....NOT  
Sales@maverickhats.com

**DEALER APPLICATION**

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Billing Address \_\_\_\_\_ In Business Since \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email address \_\_\_\_\_

**OFFICER/OWNER/ACCOUNTS PAYABLE INFORMATION**

FULL NAME ADDRESS PHONE# EMAIL

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRADE REFERENCES**

COMPANY NAME ADDRESS PHONE AND FAX NUMBER

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANKING INFORMATION**

Name of Bank \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I(we) authorize Maverick Hats to request credit information from the above trade and banking references.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I(we) the undersigned, understand and agree that I(we) will be held personally responsible for any and all collection costs of this account.

\_\_\_\_\_

\_\_\_\_\_

Signature and Title

Date