

WCA Authorized Dealer Application

Dealer Information			
Business Name:			
Year Established:	TAX ID:	Business Phone:	
Business address:			
City:	State:	ZIP Code:	
Fax:	Email:	DBA:	
Web site:			
Accounts Payable Information			
Accounting Contact Name:			
Phone:	E-mail:	Business Annual Gross:	
Sales Manager			
Manager Name:			
Phone:			
Email:			
IT Manager			
Contact Name:			
Phone:			
Email:			
Payment type Information			
Bank Name:			
Bank Phone:	Credit Card#		
Checking Routing #	Exp:		
Checking Account #	CMV#		
Business Ownership Information			
Owner Name:	Phone:	Email:	
(If Co-Owner) Name:	Phone:	Email:	
Owner Signature			Date:
(If Co-Owner) Signature			Date:
Please email Dealer application to: info@wcahq.com or FAX to: 800-961-7205			

