RETAIL ON THE SHELF ACCOUNT APPLICATION

Please Print or Type

Company 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

Does this business offer catalog sales to their customers? ☐ Yes ☐ No

Does this business have a website where products can be ordered? ☐ 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.

_____	_____	_____	_____
Authorized Signature	Please Print Name	Title	Date

Please return this completed application to your AMSOIL Servicing Dealer

E-mail amsjet@aol FAX (817) 571-4801

US Mail George Jetton

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