



## 36 Hour Days ~ Dealer Application

### Contact Information

Company Name	
Business Street Address	
City ST ZIP Code	
Business Phone	
Fax	
Phone Number	
E-Mail Address	
Website	
Owner/Contact name	
State Resale Certificate#:	
Date of Issue	
Federal Employer Identification#:	
Date of Issue	

### References

Company Name	
Address	
Phone Number	
Website	
Email	
Company Name	
Address	
Phone Number	
Website	
Email	

Please forward a copy of State reseller and Federal EIN forms and Business License

Scan and email back to:

[sales@fogdoc.com](mailto:sales@fogdoc.com)

Or Fax to:

916-367-6776

Or Mail:

36 Hour Days  
PO Box 1135  
Rio Linda, CA 95673

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate removal from this sales contract.

Name (printed)	
Position	
Signature	
Date	

Thank you

