



BUSINESS PARTNER APPLICATION

COMPANY INFORMATION:

Applicant Name: _____
 DBA: _____
 Physical Address: _____ City _____ State: _____ Zip: _____
 Mailing Address: _____ City _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email Address: _____

PRINCIPAL:

Name: _____ SS#: _____ Percent of Ownership: _____ %
 Name: _____ SS#: _____ Percent of Ownership: _____ %

BUSINESS TYPE:

_____ Corporation _____ County, State of: _____ Subsidiary of: _____
 _____ Partnership General _____ Limited _____
 _____ Sole Proprietorship
 Date Business Established: _____ Taxpayer Identification Number: _____

REFERENCES:

Company: _____ Contact: _____ Phone: _____
 Company: _____ Contact: _____ Phone: _____

CURRENT NUMBER OF REPS: _____

DESCRIPTION OF COMPANY: _____

MARKETS CURRENTLY SERVED: _____

POTENTIAL FUTURE MARKETS: _____

HOW WOULD YOUR COMPANY SUCCESSFULLY REPRESENT WMS INC.? : _____

