AMSOIL
The First in Synthetics®

RETAIL ON THE SHELF ACCOUNT APPLICATION

← For Office Use Only

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 **(Dealer must complete a profile sheet for all applications)**

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

This portion to be completed by Servicing Dealer

1070320
ZO Number

Scott & Linda Rogus
DEALER NAME

4645 Granger Rd
ADDRESS

Oxford, Mi — 48371
CITY / STATE — ZIP

248-969-8983 — FAX # — info@smartsynthetics.com
PHONE # — EMAIL ADDRESS

Note: This form may not be altered in any manner.