

Dealer Application

EMAIL dealer@rockytoplogfurniture.com

WEBSITE www.rockytoplogfurniture.com

Please complete application
and FAX to **859-548-5133**.

To talk with a Rocky Top
representative call **800-332-1143**.



PO Box 150
Bryantsville, KY 40410

800-332-1143
FAX 859-548-5133

Company Information

Company Name: _____

DBA (if applicable) _____ Year founded: _____

Contact Person _____

Do you have a showroom floor or retail location(s)?: _____

If yes, please describe: _____

Website address: _____

E-mail address: _____

Organization Type: Corporation Branch Partnership Individual

Federal I.D. # _____ Sales Tax#: _____

Owner Name: _____

Accounts Payable Contact: _____

Bank Name: _____ Contact: _____

Acct:# _____ Phone# (____) _____

"Bill To" Address

Contact name: _____

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Phone#: (____) _____ Fax: (____) _____

"Ship To" Address:

Contact Name: _____

No. & Street: _____

City: _____ State: _____ Zip: _____

Phone#: (____) _____ Fax: (____) _____

Please complete **BOTH PAGES** of application and FAX to **589-548-5133**

www.rockytoplogfurniture.com

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Trade References

**Required: 5 vendors with whom you have open terms*

Vendor Name: _____ State: _____

Phone#: (_____) _____ Fax: (_____) _____

Vendor Name: _____ State: _____

Phone#: (_____) _____ Fax: (_____) _____

Vendor Name: _____ State: _____

Phone#: (_____) _____ Fax: (_____) _____

Vendor Name: _____ State: _____

Phone#: (_____) _____ Fax: (_____) _____

Vendor Name: _____ State: _____

Phone#: (_____) _____ Fax: (_____) _____

Authorization

I hereby authorize Rocky Top Furniture, Inc. to investigate the credit references listed above. I also warrant that the information submitted is true and correct.

Signature: _____

Print Name: _____

Title: _____

Date: _____

**All applications MUST BE SIGNED for consideration as a Rocky Top vendor*

Once signed please fax to **859-548-5133**

or mail to:

**Rocky Top Furniture
P.O. Box 150
Bryantsville, KY 40410**