



104 First Avenue East, Suite D
Hendersonville, NC 28792
Recycle@a-o.com
www.QualityRecycling.com

QUALITY RECYCLING EQUIPMENT, INC
Solving Tomorrow's Environmental Problems Today

DEALER INFORMATION

Name of firm or individual

Address

No. of years in business

City, State, Zip Code

Telephone

Tax Exempt? No Yes If yes, we must have a copy of tax exempt certificate for our files.
The following information must be completed in full, and will be held in the strictest confidence.

Individual Partnership Corporation Check here if incorporated within the last 12 months.

Name(s) of Principal(s)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a parent company? No Yes If yes, please complete the following information.

_____ Company Name	_____ Officer		
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Phone Number	_____ Fax Number	_____ Email Address	

FINANCIAL REFERENCE

_____ Bank Name	_____ Address	_____ Bank Officer or Department
_____ Bank Name	_____ Address	_____ Bank Officer or Department

DEALER INFORMATION

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FIRM NAME: _____



BUSINESS REFERENCES

Business Name

Phone Number

Business Name

Phone Number

Business Name

Phone Number



(signed) _____ (date) _____

(title) _____