

CLEAR BLUE HAWAII

Confidential Dealership Application

Business Name

Billing Address

City State Country Zip

Phone Fax

Email Web

Authorized buyers names

Number of employees

References:

1) Name Tel
Address Fax
2) Name Tel
Address Fax
3) Name Tel
Address Fax

Bank Information:

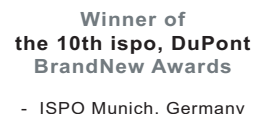
Bank Name
Address
Contact Title Tel

Credit Information:

Credit Limit Requested
Billing Contact Tel Fax

By (print) Officer Title

Signature _____ Date ____ / ____ / ____
(Signature of authorized Officer, Partner or Owner)



THE DIFFERENCE IS CLEAR®

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