

Application for Door to Door Sales

1. Applicant's Name & Date of Birth _____
2. Applicant's Address _____
3. Applicant's Permanent Address _____ DL# _____
4. Business Name and Address _____
5. Number of Employees _____, Names and Address of Employees, DL# and Date of Birth

6. Nature or Type of Business _____
7. Number and Type of Vehicle to be used _____
8. Description of each Vehicle _____

<u>Type</u>	<u>Model</u>	<u>Color</u>	<u>VIN #</u>	<u>State Lic. Number</u>
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If more space is needed, use the reverse side.

9. When are you going to be active? Time of day, Date: From _____ To _____
10. Name of Liability Insurance Company for Vehicles _____

Date _____

Signature of Applicant

Signature of Person taking Application

Receipt # _____