



SAFEPRO AUTO GLASS
 3150 N. 24TH St. # C-204
 Phoenix, AZ 85016
 602-522-0806 fax 623-374-0660

Distributor
Application & Agreement
 mail or fax to **SAFEPRO AUTO GLASS**

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

BUSINESS NAME (IF OTHER THAN SOLE PROPRIETOR) _____

SSN or Government Issued ID _____

Federal Tax ID# _____

EVENING PHONE # _____

DAYTIME PHONE # _____

FAX # _____

E-MAIL ADDRESS _____

SPOUSE OR CO-APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS/MAILING INFORMATION (CHECKS WILL BE MAILED TO THIS LOCATION)

STREET ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

SHIPPING INFORMATION (NO P.O. BOX)

STREET ADDRESS _____

CITY _____

STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

SPONSOR INFORMATION: SPONSOR ID# _____ **SPONSOR DAYTIME PHONE**
 # _____

LAST NAME _____ FIRST NAME _____ MI _____

CREATE YOUR ID # BELOW TO USE ON YOUR \$50 COUPONS AND YOUR APPLICATIONS:
 USE YOUR FIRST AND LAST INITIAL AND THE LAST 4 DIGITS OF YOUR PHONE NUMBER.
YOUR NEW SAFEPRO ID# _____

_____ / ____ / ____

Applicant signature Date Co-Applicant Signature Date