



SAFEPRO AUTO GLASS ADDRESS:
34501 South Old Black Canyon Highway Suite 2
Black Canyon, AZ 85324
P.O. Box 91
602-889-8000 fax 623-374-0900
Distributor Application & Agreement

Mail or Fax Application 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 # _____

CELL PHONE# _____

FAX # _____

EMAIL 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 _____ / ____ / ____