



2415 Ashland Ave.  
P.O. Box 888

Beatrice, Nebraska 68310  
Phone: 402-228-4255  
Fax No: 402-223-4103

Web Site: www.encoreequipment.com

New Dealer  
 Current Dealer  
 Other \_\_\_\_\_

**ENCORE  
REGISTRATION/STATUS FORM**

ENCORE OFFICE USE ONLY	
DEALER NO.	_____
DATE RECEIVED	_____
SALES MANUAL	_____
SERVICE MANUAL	_____
DATE SHIPPED	_____

Distributor Name \_\_\_\_\_ Date \_\_\_\_\_

Dealer Name \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Resale Tax Number \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Service Manager \_\_\_\_\_

Accounts Payable Manager \_\_\_\_\_

Web Site \_\_\_\_\_

E-mail \_\_\_\_\_

Posted Labor Rate: \$ \_\_\_\_\_ Per Hours

Date Of Last Encore Service School Attended \_\_\_\_\_

Area Serviced By Dealer (Counties) \_\_\_\_\_

Firm Bank \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

Floor Plan Approved: Yes  No

If Yes, Company Name: \_\_\_\_\_

**Please List Two References**

Company Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax Number \_\_\_\_\_

Credit Mgr. \_\_\_\_\_

The undersigned hereby grants Encore Manufacturing Company, Inc., authorization to contact bank and credit references!

Authorized Signature \_\_\_\_\_

Factory - Original

Distributor - Canary

Dealer - Pink