

Indiana Wholesale Offices

7930 Whitcomb Street
Merrillville, IN 46410
(219)738-2277 - Office
(219) 738- 2278 – Fax
IndianaOffices@att.net

Application Form

PRINT LEGIBLE OR TYPE FORM

Name _____

Soc. Sec. # _____ Date of Birth _____

Driver License Number _____ State _____

Home Address _____

City / State / Zip _____

Cell Phone _____ E-mail _____

Business Name _____

Sole Proprietor _____ Partnership _____ LLC _____

Credit Card Number _____

Exp Date _____ Security Code _____

How did you find out about us ? _____

Credit Card information required for Start Up Fees. First and Last Month's Rent will be charged at time of application submission to the State. License and Plate fee will be charged at the time the invoice is received by the State. If there is not enough available funds in the account, this will delay the process. If paying by check, send to address listed above. Faxing or E-mailing of the application is preferred.

An application for each partner must be submitted, only one form of payment (credit card) required. There are no refunds.

I hereby authorize Indiana Wholesale Offices and it's agents, to make application for said person/business listed above with all Federal, State, and Local Governments, this includes, but not limited to signing of documents, submission of applications, and collection of required funds (credit card charges) so the said business remains a Wholesale Dealer in good standing with the Secretary of State of Indiana.

Signature of Applicant

Date