



Authorized Dealer Registration

NEW ACCOUNT REQUIRED INFORMATION

Date:

Account Billing Name:

Primary Contact Name:

Billing Address:

Ship To Address:

Phone #(s):

Email address(es):

Re-sale certificate (Texas Only):

How did you hear about BGT?

PAYMENT OPTIONS

Credit Card info to keep on file:

#: _____

Name on the card: _____

Exp Month: _____ Exp Yr: _____

SEC: _____ Zip: _____

PayPal info to keep on file:

Email: _____