



23334 Wiegand Lane
Washington, IL 61571
Ph: (309) 745-9558
Fax: (309) 296-9990
www.hughesengines.com

Application for Dealer Program

Business Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____

E-Mail and website address: _____

Type of Business: _____ Date Established: _____

Corporation or Individual Ownership? (Circle One)

Owner or Presidents name: _____

We estimate our monthly purchases to be \$ _____.

Instructions:

1. You must fill out application **completely**.
2. Send us a copy of your state tax I.D. # or business license.
3. Your minimum initial purchase must include \$1,000 or more of Hughes Engines Specialty Products and you must maintain \$500 a year in purchases.
4. Your initial order must be prepaid or purchased on a company credit card.

Revised 12/22

BUSINESS REFERENCES: (Please list at least 3)

Name: _____ Contact: _____

City: _____ Phone: _____

Name: _____ Contact: _____

City: _____ Phone: _____

Name: _____ Contact: _____

City: _____ Phone: _____

Name: _____ Contact: _____

City: _____ Phone: _____