

CoRE labs, LLC

Please fill in the information below to complete your dealership application

Made in the USA

Hospital Grade Equipment

Dealer name: _____

Telephone: _____

Years in business using the current name: _____

Address: _____

Toll Free: _____

Average radiographic equipment installations per year: _____

After Hours

Contact person: _____

Cellular: _____

Fax: _____

E-Mail: _____

Tax I.D.#: ____ / ____ / ____

Number of employees: _____

General liability insurance company: _____

Policy # _____



Three Credit References:

Feel free to attach your own credit reference list in lieu of completing this section

1. _____

3. _____

2. _____

Signature: _____

Title: _____

Date: _____

