

Wholesale Dealer Application

Green Air Products PO Box 1410 Boring OR 97009 www.greenair.com
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Please provide the following information and email, fax or mail

Company Name: _____

Mailing or billing address

Name: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Shipping address (if different)

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Country (if not USA): _____

Contact person: _____

Phone: ___ - ___ - ___ Fax: ___ - ___ - ___ Email: _____

Website: _____

Any other information you feel is relevant:
