



**Application for User ID**

Please Fax signed application to: (734) 793-2491 OR  
Email to [Orders@OERemandirect.com](mailto:Orders@OERemandirect.com) OR  
Mail to: OE Reman Direct, LLC Attn: Customer Service,  
35275 INDUSTRIAL ROAD  
LIVONIA, MI 48150

**COMPANY INFORMATION**

Business Name:	Trade name /dba:
Dealer ID # (s) If Applicable:	
Business Address: (attach list if more than one) City: State:        ZIP: Phone: Fax:	
Billing Address if Different: City: State:        ZIP: Phone: Fax:	
Primary Contact Name: Contact Title: Contact Phone: Contact Email:	
Secondary Contact Name: Contact Title: Contact Phone: Contact Email:	

\_\_\_\_\_  
Signature of Authorizing Owner / Officer and Title

\_\_\_\_\_  
Date

Be sure to sign and date any attachments if applicable.