

Account Application

Company Legal Name			
DBA			
BILLING INFORMATION			
Billing Name			
Street or P.O. Box			
City:	State:	Zip Code:	
Telephone:	Email:		
Federal Tax ID #: Resale Tax ID #:			
PLEASE ATTACH COPY OF RES	ALE CERTIFICATE FOR	RFILE	
PRINCIPAL SHIPPING ADDRESS			
Shipping Name:			
Street Address:			
City:	State:	Zip Code:	
Telephone:	Email:		
TYPE OF BUSINESS Sole Proprie	etor: Partnership:	Corporation:	Other:
Proprietor Name:			
Partner Names:			
President:	Vice-President: _		
Date Established:	Years Present at Loc	ation:	
CONTACT NAMES & NUMBERS			
Accounts Payable Mgr:		Phone:	
Email Address:			
Purchasing Mgr:			
Email Address:			



BANKING INFORMATION

Name of Bank			
AddressCit		State	Zip Code
Bank Contact	Ema	ail	
Account Number(s)			
ACTIVE TRADE REFERENCES			
Company Name		Δ	ccount
Address			
City		Zip C	ode
Telephone Number	Email _		
Company Name		Acco	ount
Address			
City		Zip (Code
Telephone Number	Email _		
Company Name		Ac	count
Address			
City	State		Zip Code
Telephone Number	Email		
The above information is correct, and I au Signature Print Name	thorize Simplified	Mfg. to ched	ck references provided.
Title		Date _	



New Dealer Agreement

Manufacturers	s Rep				_
THIS AGREEMENT is m Simplified Mfg., an Aria 85210 [833-436-4411]	zona corporation,	whose address	s 550 W Baselin		
				(herei	nafter as the "Dealer").
sale, to end user consu Simplified Mfg. produc	imers ONLY. Deale its to any person o The DEALER shall	er shall not trans or entity for resa	ship – that is, se le. 2. INTERNET,	ll or tra MAIL O	
The DEALER further ag including on site deliver orders from customers advertisements must conternet, catalogs or tempoducts will be deliver manuals intact.	ery, installation and through the inter learly indicate the lephone sales. D.	d service by the rnet, a website, Simplified Mfg.	dealer's personi or similar comm products are no ith all applicable	nel. B. D unicatio et availa e state la	ealer will not solicit ins. C. Any dealer ble through mail order, aws, Simplified Mfg.
2 of this agreement, Si	mplified Mfg. rese	rves the right to	terminate said	DEALER	e policies in section 1 & and to pursue both civil perty, etc., to the fullest
Company Name:					
Federal Tax ID #: **MUST HAVE COPY O			e Tax ID #:		
Address:					
City:			_State:		_Zip:
Phone:	Fax:_		Email		
Web Site (s):					<u> </u>
Signature			Date	e:	
Printed Name:			Title:		



Credit Card Charge Authorization Form

COMPANY NAME				
PHONE NUMBER				
		· · · · · · · · · · · · · · · · · · ·		
		nerican Express ()Discover		
CREDIT CARD NUMBER_				
EXPIRATION DATE		SECURITY CODE	_	
CARD HOLDER BILLING	ADDRESS:			
STREET				
CITY	STATE	ZIP CODE		
AUTHORIZATION:				
Cardholder acknowledges the obligation to pay for goods to be shipped by Simplified Mfg. and agrees to perform the obligations set forth in the Cardholders agreement with the issuer.				
Signed:				
_				
Date:				
 Please attach a copy of re 	esale certificate			