



Re-Seller Application

To proceed with this application it should be completed by 45 days from the date received in.

LEGAL BUSINESS NAME: _____

Showroom

Ecommerce

ADDRESS: _____ City: _____

ZIP CODE: _____ State: _____

OWNER'S NAME: _____ TAX ID: _____

BANK NAME: _____ ACCOUNT NO#: _____

BANK ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

ACCOUNT'S PAYABLE CONTACT #: _____

All NSF CHEQUES WILL BE SUBJECTED TO A \$20 FEE

SIGNATURE: _____

Authorization (Credit Card)

CARD NUMBER: _____

CARD HOLDER'S NAME: _____

EXPIRE DATE: ____/____

YOU ARE AUTHORIZING TO BE YOUR CREDIT CARD ON FILE BY SIGNING THIS AUTHORIZATION FORM AND TO CHARGE YOU FOR ALL DUE INVOICES (NOTE: AFTER EACH TRANSACTION CREDIT CARD TRANSACTION A COPY OF THE CREDIT CARD RECIEPT WILL BE MAILED TO YOU).

SIGNATURE: _____

PRINT NAME: _____