



(800) 555-0564

ElectricFireplaces.com

Fax Application to:
503-621-3135
ATTN: Maria

Company Information:

Company: _____ DBA: _____ TIB: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Main # () _____ Toll Free # () _____ Fax # () _____

Name: _____ Cell #: () _____

Website: WWW. _____ Website: WWW. _____

Type of Business: Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

Owner(s) Name: _____

Sales Contact: _____ Title: _____ Email: _____

Marketing Contact: _____ Title: _____ Email: _____

Technical Contact: _____ Title: _____ Email: _____

Marketing Profile:

Please fax this application any marketing materials and / or advertisements which would be helpful for us to understand your business better.

Which of the following best describes your business? Retail: _____ Online Reseller: _____ Rep: _____ Other: _____

Do you sell Electric fireplace products? No: _____ Yes: _____ How Long? _____ \$ Volume: _____

Brand: _____ Brand: _____ Brand: _____

Type: Electric Fireplace Inserts: _____ Electric Fireplace Stoves: _____ Electric Fireplace Logs: _____ Mantels: _____

Comments:



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Bank and Trade Information

Bank

Name of Bank: _____ Branch: _____

Bank Address: _____

Account Number: _____ Contact Name: _____

Ph# () _____ Fax# () _____

Bank Authorization Signature: _____ Date: _____

Please print name: _____

Trades

Name of Trade: _____ Ph# () _____ Fax # () _____

Name of Trade: _____ Ph# () _____ Fax # () _____

Name of Trade: _____ Ph# () _____ Fax # () _____

Reseller's Tax Exemption Verification

I, The purchaser listed above, Hereby claim Exemption from the payment of state sales or use tax on the purchase of tangible personal property consisting of Electric Fireplace Products.

Federal ID #, SSN # or GST # _____ Exp Date: _____

Date of Registration: _____

The statements provided in this application and in the attached documents are true and complete to the best of my knowledge. I understand that the information submitted in this application will be treated discreetly by **ADDCO**. Providing inaccurate and / or false information may be grounds for **ADDCO** to decline my application.

Name: _____ Title: _____

Signature: _____ Date: _____