



Reseller Application

Business Details

Application Date: _____

Business Name: _____	Contact Name: _____
Address: _____	Position: _____
Street 2: _____	
City/State/Zip: _____	Tax Payer ID: _____
	Telephone: _____
Business Type: _____	Email: _____
	Fax: _____

Sales Organization

Number of Locations: _____	Primary Territory: _____
Number of Sales Reps: _____	Other Products Distributed: _____
Years in Business: _____	
Do you print a catalog?: _____ (If yes, Please attach copy)	

Credit References

Bank Name _____	Loan Officer _____
Address: _____	Sales Tax No: _____
City/State/Zip: _____	Phone: _____

Provide 3 Trade References: _____	Dun #: _____	Credit Limit: _____
1. Name: _____	Phone: _____	Credit Limit: _____
Address _____		
2. Name: _____	Phone: _____	Credit Limit: _____
Address _____		
3. Name: _____	Phone: _____	Credit Limit: _____
Address _____		

Applicant hereby agrees that all charges are payable according to the terms of our invoice unless otherwise pre-arranged with our credit department. Should it become necessary for Miracle Paint Rejuvenator Company, Inc. to file suit to enforce payment of any charges, applicant agrees to pay court cost, attorney's fees, and interest at 18% per annum on all amounts found to be due and payable. I hereby certify the foregoing to be true to the best of my knowledge and agree to the above terms.

Date: _____ **Authorized Signature:** _____ **Title:** _____