



## NEW DEALER AND DISTRIBUTOR Application Form

Please FAX OR EMAIL this form to : [sales@magnipros.com](mailto:sales@magnipros.com) FAX: 626-452-8349

\*The following information must be completed to the best of your knowledge and will be kept in the strictest confidence.

COMPANY NAME:			
PHONE:	FAX:	WEBSITE:	
CONTACT PERSON'S NAME:		TITLE:	
OWNER'S NAME(if different from above):			
BUSINESS ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
BILLING ADDRESS(if different from above):			
CITY:	STATE:	ZIP CODE:	COUNTRY:
RESALE#:		FEDERAL EMPLOYER IDENTIFICATION:	
<b>*ALL CREDIT APPLICATIONS MUST BE SUBMITTED WITH A RESALE CERTIFICATE OR IF YOU HAVE A TAX EXEMPT FORM PLEASE ATTACH A COPY</b>			
HOW MANY YEARS IN BUSINESS?			
WHICH INDUSTRY ARE YOU CURRENTLY IN?			
WHAT ARE YOUR SELLING CHANNEL(S)?			
CUSTOMER WITH NET TERMS MUST FILL OUT THE FOLLOWING INFORMATION			
TITLE	NAME	SOCIAL SECURITY #	CONTACT INFO/EMAIL ADDRESS
PAYMENT TERMS			
<input type="checkbox"/> COD/CASHIER CHECK		<input type="checkbox"/> CREDIT CARD (PLEASE FILL OUT THE CREDIT CARD AUTHORIZATION FORM)	
<input type="checkbox"/> COD COMPANY CHECK		<input type="checkbox"/> TT-WIRE TRANSFERS	

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT OUR SALES DEPARTMENT AT 1-626-579-1689

THANK YOU SO MUCH FOR YOUR APPLICATION WE WILL PROCESS YOUR REQUEST IN A TIMELY MANNER!