

Company

Company Name: _____ DNB # : _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Parent Company (if applicable): _____ Parent Co. Address: _____

Resale Certificate Number (Please attach copy): _____ Federal ID # : _____

Contacts

Primary Sales Contact: _____ Phone: _____ Email: _____

Order Confirmation Email: _____ Order Tracking Email: _____

Accounts Payable Contact: _____ Phone: _____ Email: _____

Invoicing Email (if different): _____

Details

Total # of Employees: _____ Technicians: _____

Sales Radius: _____ Miles or specific area: _____

Does your company provide installation on-site service/repair?

What other products/services do you sell and support? _____

Payment (please choose one)

Net 30 via ACH (preferred)

Credit Card (processed at time of order)

Net 30 Days via Check

Commerzbank AG

Routing #: 026008044

Account #: 150113283600

Agreement

I acknowledge I will be responsible for all costs incurred if my account should require collection. As a reseller of Dahle and/or Novus brands, I agree to:

- Pay all invoices within terms
- Actively sell and market Dahle and Novus products
- Follow Dahle North America Inc.'s Minimum Advertised Price (MAP) policy
- Refrain from selling Dahle and Novus products on 3rd party websites (Amazon, Walmart, Target, etc.)

Name: _____ Title: _____

Signature: _____ Date: _____