



(800) 555-0564

**ElectricFireplaces.com**

Please email completed copies to:  
[BobatADDCO@aol.com](mailto:BobatADDCO@aol.com)

**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:** \_\_\_\_\_