

# sonshine products

Independent Industries, Inc.

Authorized Dealer Application

Company name \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Federal tax ID or Social Security number. \_\_\_\_\_

Primary business operations \_\_\_\_\_

Types of products you will purchase (*PLEASE CIRCLE*)

SPA COVERS

BILLIARD TABLE COVERS

OTHER

Are you sales tax exempt?

Yes

No

Have you ever had bought from us before?

Yes

No

If yes, under what name? \_\_\_\_\_

Authorized purchasers \_\_\_\_\_

Purchase order required?

Yes

No

## REQUIRED:

Please attach a copy of your letterhead, business card, recent invoice to a customer, etc. to act as credentials of operating in the pool and spa industry.

If you would like to pay for your orders by credit card (Visa, MC, DS or AMEX), please fill out the following section:

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Billing Address City State Zip \_\_\_\_\_

I authorize Sonshine Products/Independent Industries, Inc. to charge my credit card listed above for all charges for products and/or freight that I have accrued for products I have ordered. I understand that this will remain in effect until I notify Sonshine Products in writing of my wish to discontinue the use of this card to pay.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_