

NEW DISTRIBUTOR APPLICATION

Date: _____

Name of Company: _____

Trade Name (if other than above): _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Postal Address: _____ City: _____ State: _____ ZIP: _____

At present location since: _____ Year business started: _____ Own Lease

Telephone: _____ Fax: _____

Accounts Payable Email: _____

Parent Company: _____ City: _____ State: _____ ZIP: _____

Type of Business: _____

Year established: _____ Corporation L.L.C. Partnership Sole Proprietor

TAX STATUS

Please attach a Tax Exemption Certificate for each state location.

Federal Tax I.D. Number: _____

TERMS & CONDITIONS (CANNOT BE CHANGED OR ALTERED)

1. The applicant hereby consents to abide by all terms and conditions as set out on all invoices.
2. Applicant agrees that if it defaults in payment in accordance with terms, it will pay all costs of collection including but not limited to collection agency fees, attorney fees, court costs, filing fees, and service fees.
3. Maverick Business Forms, Inc. may charge the maximum interest allowed by law on all overdue amounts.
4. The applicant agrees to pay all invoices at PO Box 6195, Longview, Texas 75608 in Gregg County. Payments are to be made within thirty (30) days from the date of the invoice. Failure to make timely payment may result in modification of account terms.

Printed Name: _____ Title: _____

Date: _____ Authorized Signature: _____

Application will not be processed without an authorized signature.