

DEALER ACCOUNT APPLICATION



I-MAXX EXCHANGE, INC.

8033 Slauson Ave. Montebello, CA 90640

Phone : 1-323-201-9977 Fax : 1-323-201-9978

Email: sales.imaxxexchange@gmail.com

Company Name* _____ Bus/Contractor Lic # _____

Full Name* _____ Job Title _____

Main Phone* _____ Fax _____

Main Email* _____

Billing Address* _____

Please circle all that is applicable:

Preferred Payment* Prepay | COD | Auto Authorization

Company Type* Retailer | Wholesaler | Contractor

Target Client* Homeowner | Designer | Contractor | Builders

Auto Authorization

I give permission to auto debit from my account listed in attached Credit Card Authorization Form for every new invoice.

X _____

***25% RESTOCKING FEE APPLIES IF ITEMS ARE UNOPENED (WAIVED FOR FACTORY DAMAGES)

Resale Certificate

I hereby certify that I hold a valid Seller's Permit # _____ (ie 123-456789) issued pursuant to the sales and use tax law; that I am engaged in the business of selling _____ (ie cabinets, flooring, sinks). That the tangible personal property described herein which I shall purchase from **I-Maxx Exchange Inc.** will be resold by me in the form of tangible personal property, provided, however that in the event any such property is used for any purpose other than retention, demonstration, or display while holding for sale in the regular course of business, it is understood that I am required by the sales tax and use law to report and pay the tax, measured by the purchase price of such property. The description of the property to be purchased are as stated _____ (ie cabinets, flooring, sinks). I understand that I, _____ (ie John Doe), have thoroughly read and accept this section as an adequate form of documentation for a resale certificate.

Date* _____ Signature* _____

PLEASE ATTACH A COPY OF YOUR SELLER'S PERMIT TO COMPLETE OR SALES TAX WILL BE CHARGED.

Sales Rep _____