

DEALER APPLICATION FORM

Raymond Innovations, LLC | PO Box 360 Blackhawk, SD 57718

605-390-9771 | info@raymondinnovations.com

BUSINESS GENERAL INFORMATION:

Company Legal Name: _____

DBA: _____ Phone: (____) _____

Fax: (____) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Web Site: _____

Shipping Address: _____

City: _____ State: _____

Zip: _____

Type of Business: (circle one)

- Corporation
- Partnership
- Sole Proprietorship
- Other _____

Date Business Commenced: _____

Years at Present Location: _____

Federal Tax ID #: _____

Resale #: _____

Estimated Raymond Innovations Product Sales per Month, by Model:

A10: _____

B24: ___ N/A ___

A10E: ___ N/A ___

A10D: ___ N/A ___

A10C: ___ N/A ___

B24E: ___ N/A ___

B24D: ___ N/A ___

B24C: ___ N/A ___

OWNER/OFFICER INFORMATION:

Name: _____ Title: _____ Phone: (____) _____

Address: _____

Name: _____ Title: _____ Phone: (____) _____

Address: _____

Name: _____ Title: _____ Phone: (____) _____

Address: _____

CREDIT TERMS:

Currently Raymond Innovations is not offering NET 30 credit terms to any Dealers or Distributors.

BUSINESS LICENSE:

In order to show that you are an established business that is authorized to legally conduct business in your city or state, we ask that you send a copy of your current business license.

Kindly scan and e-mail a copy of your license as soon as possible. This will only be done at the time of account setup and is not required each year.

Upon the receipt and acceptance by Raymond Innovations, this Dealer Application will serve as a binding contract between the Applicant and Raymond Innovations. By the submission of this application, the Applicant agrees to the terms and conditions found on the Raymond Innovations website located directly at: <https://www.raymondinnovations.com/pages/dealer-agreement>

SIGNATURE MUST BE EXECUTED IN ORDER TO PROCESS APPLICATION

Signed: _____ Owner Date: _____

Signed: _____ Authorized Buyer Date: _____

Signed: _____ Title: _____ Date: _____

Once your application is complete, you may submit it via the following methods:

Scan and E-Mail to: info@raymondinnovations.com

Or

Mail to : Raymond Innovations

Attn: New Dealer Application

PO Box

Blackhawk, SD 57701

CREDIT CARD AUTHORIZATION FORM

*****NOT REQUIRED*****

Please print legibly to ensure timely process. Required field with **

Store Name: _____ **State:** _____

****Cardholder's Name:** _____

Master Card VISA American Express Discover

****Card Number:** _____ - _____ - _____ - _____ ****Expiration Date:** ____/____

****Security Code:** _____

(VISA & MC: last three digits printed on the signature panel) (AMEX: printed above the card #)

**** Card Issuing Bank Phone No:** (_____) _____ - _____

(Phone Number is printed on the back of card)

Billing Address (Where you receive your credit card statement):

****Street:** _____

City: _____ **State:** _____ ****Zip Code:** _____

Please check here if you would like this authorization to be effective on future orders

Authorization: I authorize Raymond Innovations to charge my card for order(s)/invoice(s). I agree to pay the credit card charge(s) in accordance with the Card Issuer Agreement. I

understand that there would be delay of shipment if the card declines or otherwise incurred difficulty during processing. Note: The signer of this statement **MUST** be the named cardholder.

****Signature:** _____ ****Date:** ____/____/____

*****SOUTH DAKOTA DEALERS ONLY*****

In compliance with sales and use tax laws, if your tax status is exempt it is necessary that we have a signed Sales Tax Exemption Form on our file as well as a copy of your ***actual Sales Tax License***.

Kindly scan and e-mail a copy of your license as soon as possible. Otherwise, we will *charge sales tax on all orders if we do not have a copy of a Seller's Permit on file*.

Thank you for your kind cooperation and prompt response. Kindly e-mail it to:

info@raymondinnovations.com