

AUTHORIZED RETAILER AGREEMENT

The undersigned company is requesting to establish an account with Allison Craft Designs and agrees to abide by the standard terms and conditions of Allison Craft Designs (on previous page). Please complete form below.

the standard terms and conditi	ons of Amson Craft Designs (on previo	ous page). I lease complete for	iiii below.
Company Name:			
DBA (if different):			
Contact Person:			
Store Address:			
City:	State:	Zip:	
Billing Address:			
City:	State:	Zip:	
Phone:	Alt Phone:		
Owner Email :	We	ebsite:	
Buyer Email:			
Managers Email:			
Billing Email:			
Marketing Contact Email:			
Federal Tax ID:		State Resale Number:	
Type of Business:	# of Employees:	: Date Bu	ısiness Est.
Authorized Purchasers:			
Purchase Order Required? (Y/N)	Brick and Mortar	Brick and Mortar/Web
2. Minimum ope 3. Purchases to be 4. MSRP is to be 5. Authorized to 6. Pricing per que 7. Defective or n non-conformi receipt. I have read the tearms and o	ning order \$2000; Minimum reorder made by credit card (Visa, Mast maintained. (any mark down mussell Allison Craft Designs at the abote, plus shipping and handling on-conforming goods must be retty, and, in any event within 14 days conditions stated both above and same shall apply to all orders:	der \$300 ter Card, Discover) will be out to be apporved by Allison Control over retail/web location on turned immediately upon days of delivery. Inspect all Go	raft Designs) ily iscovery of defect or oods immediately upon
Title:	D	Pate:	
•	Please complete when applicable) on to charge all orders to the cred Master Card		
	-		
Billing Address (if different)			City:

Zip:

State: