



Company Name: _____ Contact: _____

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Toll Free: _____

Corporation Partnership Proprietorship Other Please specify _____

Year Started Under Present Ownership _____ At Present Location Since _____

Type of Business: _____ Expected Monthly Purchases: _____

Merchandise Taxable Merchandise for Resale Federal ID Number: _____

A/P E-mail Address: _____ Tracking E-mail Address: _____

General E-mail Address: _____ Website: _____

Owners		
Name	Address	Phone

Trade References		
Name	Phone	Fax



Name of Bank: _____	Account Number: _____
Address: _____	
Contact: _____	Phone: _____ Fax: _____

GUARANTEE: All unpaid monthly balances accrue interest at the rate of 1.5% per month (18% annually). If suit is brought against me for collection of any or all of my outstanding balances, I agree to pay reasonable attorney's fees and court costs.

Signature: _____ Title: _____ Date: _____

MUST BE SIGNED BY AN OFFICER OR OWNER

This form is an application only until accepted by Salmax L.L.C.

Please return this application with Resale Certificate and Dealer License to:

Vapamore / Salmax L.L.C.

7464 East Tierra Buena Ln. Suite 108, Scottsdale, AZ 85260

Phone:(480) 951-8900 / Fax:(480) 951-8902 / www.vapamore.com