

# Sweet Dream REWARDS

## REGISTRATION FORM

Your registration will be valid at all of our showrooms (except clearance centers).

Your Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_

Business Fax (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Social Security/EIN# \_\_\_\_\_

*EIN# is NOT the same as your resale certificate number*

Check One:    Individual (SS#)    Partnership (EIN#)    Corporation (EIN#)

All correspondence should be sent to: *(complete only if different than the above address)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment can only be made when this form is completed in full. A check will be made payable to an individual only if a social security number is provided for 1099 purposes.

**Fax to:** (239) 908-2085 Attn: Accounting

**Mail to:** 12660 Bonita Beach Road, Bonita Springs, FL 34135 Attn: Accounting

**E-Mail to:** ap@CityMattress.com

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### Office Use Only

SDR Member #: \_\_\_\_\_

Effective Date: \_\_\_\_\_