

KELLY MOUTHPIECES - Dealer Application

COMPANY NAME: _____

YEARS IN BUSINESS: _____

Fed ID#: _____

CONTACT: _____

STREET ADDRESS: _____

CITY, ST, ZIP, COUNTRY: _____

PHONE: _____ FAX: _____

2nd PHONE: _____ EMAIL: _____

CREDIT REFERENCES:

1. NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

2. NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

BANKING REFERENCE:

BANK NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP, COUNTRY: _____

PHONE: _____ FAX: _____

TAX STATUS (check one):

- WI Tax Exempt Manufacturer - Please fill out Manufacturer's Exemption Certificate.
- Resale Certificate Holder - Seller ID# _____
- Taxable - Enter County in Wisconsin - _____
- Export - Enter Country - _____

PREVIOUS DISTRIBUTOR? _____

HOW DID YOU FIND KELLY MOUTHPIECES?

- Trade Show - _____
- Magazine Ad - _____
- Website - _____
- Other - _____

I agree to comply with Superior Solutions Corp. terms & conditions as stated on the Confidential Price List.

Signed by Company Official: Name & Title _____

Please complete & return to KELLY Mouthpieces. Fax 920-922-7308 mail@KellyMouthpieces.com