Dealer Partner Program Application

Expand your business by offering your customers our premium LED mirrors with smart features by joining our Dealer partnership program. Be part of our mission to master engineering brilliance and reflecting perfection and design!

Mirror Master Manufacturing has built a solid reputation in the European and Asian markets with thousands of successful installations. With the same precision engineering and dependability of our products, we are looking forward to increasing our presence into the North American markets with scalable production tailored to evoke demands of manufacturing and distribution.

To Become a Registered Dealer of Mirror Master Manufacturing, you will need to complete the registration application below.

We will review your application and contact you if we require additional information. Once your application is approved, we will contact you with your account details and information on everything you can do with your Mirror Master Manufacturing customer account. We will also forward form W-9.

ALL NEW CUSTOMERS

These forms are required:

- ✓ ***Application for Credit***
- ✓ ***Company Profile***

ALL new customers MUST sign the signature page (page 3)

About Credit Documents

If you plan on sending your corporate pro-forma credit information as a separate document, it MUST include the following:

- *Your Federal Tax ID number*
- *3 trade references with complete contact information*
- *Bank contact information*
- *Company profile and contact info*
- *You must still sign our Customer Application form (page 3, #5: "Applicant's Signature")*

Any pro-forma document that is submitted with missing or incomplete information, or without signature on our NEW CUSTOMER APPLICATION form, will delay processing and account setup. Thank you.

Will Your Purchases From Mirror Master Manufacturing Be Tax-Exempt?

Examples include purchasing for resale, direct pay permits and governmental agencies.

If **yes**,

- ✓ ***Please submit your sales tax exemption certificate with credit application.***

Do You Plan On Using a Credit Card For Payment At Any Time?

To protect us and you, we require that any credit card used for payment must first be authorized and be on file with us. We cannot accept any credit card for payment that has not been verified and authorized.

If **yes**,

- ✓ ***Please complete and submit a credit card authorization.***
- ✓ ***If needed, please contact us for empty credit card authorization form***

REMITTANCE ADDRESS:

1807 S Washington Ave.
Ste 110 #327
Naperville, IL 60565

ACH and WIRE TRANSFERS: *Please contact us for Bank/ACH/Wire transfer form*

Wire Transfer Confirmation and Accounts Receivable Contact: David Pan, dcpan@mirrormastermanufacturing.com

NEW CUSTOMER APPLICATION

Please complete application with all available data and it must be SIGNED in order to be processed. Please TYPE or PRINT all information.

1. COMPANY INFORMATION

Company Name: _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Corporate Phone Number: _____ **Fax Number (if used):** _____

Type of Organization: ☐ Proprietorship ☐ "C" Corporation ☐ "S" Corporation ☐ LLC

Type of Customer: ☐ End User ☐ Reseller

Federal Tax ID Number: _____ **D & B Number:** _____ **D & B Rating: (if known)** _____

Business Description: _____

State of Incorporation: _____ **Year Started or Incorporation Date:** _____

Estimated Annual Sales This Year: _____ **Actual Annual Sales Last Year:** _____

****OWNERSHIP INFORMATION (*Only required for Resellers*)** *If there are any additional owners, list their information on a separate sheet.*

Owner/Officer Name: _____ **Title:** _____

Home Address: _____ **Email:** _____

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

Home Phone: _____ **Social Security Number:** _____

VP / Partner Name: _____ **Title:** _____

Home Address: _____ **Email:** _____

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

Home Phone: _____ **Social Security Number:** _____

2. BANK REFERENCE *(Optional. Please contact us for Bank/ACH/Wire transfer form)*

Bank Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Account Number: _____ **Account Type:** _____

Contact: _____ **Contact Email:** _____

Phone Number: _____ **Fax Number:** _____

3. TRADE REFERENCES (One REQUIRED)

DO NOT INLUDE AFFILIATED ORGANIZATIONS Be complete and accurate – incorrect or missing information including account numbers, email addresses & FAX numbers will delay approval.

1. Name of Business: _____ **Account Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact: _____ **Contact Email:** _____

Phone Number: _____ **Fax Number:** _____

NEW CUSTOMER APPLICATION

2. Name of Business: _____ **Account Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact: _____ **Contact Email:** _____

Phone Number: _____ **Fax Number:** _____

3. Name of Business: _____ **Account Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact: _____ **Contact Email:** _____

Phone Number: _____ **Fax Number:** _____

4. PAYMENT TERMS

Credit Limit Requested: _____ **Payment Terms Desired:** ☐ **OPEN TERMS** ☐ **Credit Card** ☐ **COD (Check)**

Are Mirror Master products purchased for tax-exempt purposes? ☐ Yes ☐ No (If yes, you must furnish tax-exempt certificate with this application)

Are Mirror Master products purchased for resale? ☐ Yes ☐ No

Does company have Sales Tax Direct Pay Permit? ☐ Yes ☐ No

If you answered "Yes" to any of these questions, PLEASE submit a Sales Tax Exemption Certificate with your new customer application.

5. APPLICANT SIGNATURE

All information on this Application for Credit, as well as any accompanying and supporting information is for the purpose of obtaining credit and is warranted to be true. **By Signing, Applicant authorizes Mirror Master Manufacturing to investigate the references listed pertaining to Applicant's credit and financial responsibility.** The person(s) signing this document certifies that they have full legal authority to sign and attest for the Applicant Company that is requesting credit as stated on this application.

Company Name: _____

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____

NEW CUSTOMER APPLICATION

COMPANY PROFILE

ACCOUNTS PAYABLE

Name:_____ **Title:**_____

Phone Number:_____ **Email:**_____

PURCHASING

Name:_____ **Title:**_____

Phone Number:_____ **Email:**_____

PRESIDENT / OWNER / GENERAL MANAGER (Not Required for Public Companies)

Name:_____ **Title:**_____

Phone Number:_____ **Email:**_____

DEPARTMENT HEAD OR USER OF PURCHASED MIRROR MASTER MANUFACTURING PRODUCTS / SERVICES

Name:_____ **Title:**_____

Phone Number:_____ **Email:**_____

HOW DO YOU WANT TO RECEIVE INVOICES FROM MIRROR MASTER MANUFACTURING?

To lower costs and to speed processing, Mirror Master provides invoices and other documents in electronic form whenever possible.

WHERE WOULD YOU LIKE YOUR MIRROR MASTER MANUFACTURING INVOICES EMAILED?

Email Address:_____ **Name:**_____

DO YOU PREFER TO HAVE YOUR INVOICES FAXED?

Invoice Fax Number:_____ **Atn:**_____

ANY COMMENTS OR SPECIAL INSTRUCTIONS?

_____

_____