



H. Wilson Company
555 West Taft Drive
South Holland, IL 60473
Phone: 800-245-7224 or 708-339-5111
Fax: 800-245-8224 or 708-210-2069
email: hwilson@flash.net
<http://www.hwilson.com>

CONFIDENTIAL DEALER APPLICATION

(Please type or print legibly and be sure to answer all questions completely)

Company Name: _____ Date: _____

Billing Address: _____ Shipping Address (NO PO BOXES): _____

Phone: _____ Fax: _____

Internet Address: _____ Email: _____

Occasionally we send out sales and special offers via fax. If you would rather not receive these, check here.

Does your company have any branch offices? Y / N (If so, please submit a list if you would like them to receive our marketing materials.)

Type of Business: Corporation Partnership Proprietorship

Federal ID Number: _____ Social Security Number(s): _____

Resale Tax Number(s): _____ Dunn & Bradstreet Number: _____

Year Established: _____ Length of time at present location: _____

Number of persons employed: _____ Does your company have an outside sales force? Y / N If so, #: _____

Owner/CEO: _____ Purchasing Contact: _____

Marketing Contact: _____ Accounts Payable Contact: _____

Customer Service Contact: _____ Bid Contact: _____

Which geographical region(s) do you primarily sell to: _____

Which of the following is the **PRIMARY** market you sell your products to (**SELECT ONLY ONE**):

Audio Visual Educational Industrial Medical Library Office Supply Food Service Automobile

Photography All/General Other: _____

Which of the following H. Wilson products are you interested in reselling (**SELECT ALL THAT APPLY**):

A/V Carts Computer Furniture Tuffyland Products Tripods TV Mounts Magazine Racks Other: _____

Are you a member of any of the following Industry Associations (**SELECT ALL THAT APPLY**):

NSSEA ICIA AECT NSCA NCCA NAEYC Other: _____

Does your company print their own catalog? Y / N If so, how many copies? _____ How often? _____

If not, how does your company sell your products? _____

Which (if any) similar or competitive products does your company represent? _____

Bank References

Name of Bank: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Account Number(s): _____ Contact Person: _____

Trade References

You may also attach any pre-printed credit reference sheet you have available.

1) _____ _____ _____	2) _____ _____ _____	3) _____ _____ _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____
4) _____ _____ _____	5) _____ _____ _____	6) _____ _____ _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____

I authorize H. Wilson Company to contact the Credit References identified above. I understand that all information disclosed in this dealer application will be held in confidence.

Signature of officer, partner or owner Date

H. Wilson Company, Division of EBSCO Industries Blanket Certificate of Resale

The undersigned hereby certifies that the tangible personal property being purchased from H. Wilson Company, until this notice is revoked in writing, is for resale and assumes full liability for the collection and remittance of appropriate taxes in accordance with existing laws.

The undersigned also assumes full liability for payment of appropriate taxes directly to the proper taxing authority if the property herein purchased is used or consumed in a manner not specifically exempt from tax in accordance with existing laws.

Sales and Use Tax License, Registration, or Certificate Number: _____

Authorized Signature: _____ Date: _____

Business Name: _____ Address: _____

Nature of Business: Reseller Producer of Products for Resale Other: _____

Thank you for your cooperation. We will work hard to make our products profitable for you!