



115 West Lake Drive  
Suite 300  
Glendale Heights, IL 60139  
630 635 5000  
ovalfireproducts.com

# Value Added Distributor Application

Please Fax or e-mail to:  
1-630-303-9801  
sales@ovalfireproducts.com

## BILLING/SHIPPING INFORMATION

Legal Company Name: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Accounts Payable Fax: \_\_\_\_\_

Email Address to be Used for Invoices: \_\_\_\_\_

Dun & Bradstreet No: \_\_\_\_\_

Primary Contact (Name / Email Address) for Oval Distributor Website \_\_\_\_\_

## BUSINESS INFORMATION

Check One: Corporation Partnership Proprietorship Subsidiary

Division of \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Annual Sales \$ \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Do you operate multiple branches? Yes \_\_\_\_ No \_\_\_\_

If so, please list their locations: \_\_\_\_\_

Geographic Sales Area: \_\_\_\_\_

Are you a dealer or distributor of any other products? Yes \_\_\_\_ No \_\_\_\_

If so, please provide types of products to include brand names: \_\_\_\_\_

Projected Annual Oval Purchases: \$ \_\_\_\_\_



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Do you intend to pay by credit card? Yes\*  No

\* Payments made by credit card will incur an additional fee of 2.9%, unless payment is made at the time of shipment

We are a registered (mark all boxes that apply)

Wholesaler  Seller (CA)  Retailer  Lessor

Manufacturer  Other \_\_\_\_\_ (Specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, leasing (renting) the following:

State	State Registration, Seller's Permit, or ID # of Purchaser	State	State Registration, Seller's Permit, or ID # of Purchaser
Alabama		Missouri	
Arizona		Nebraska	
Arkansas		Nevada	
California		New Jersey	
Colorado		New Mexico	
Connecticut		New York	<i>State issued form required</i>
Dist. Of Columbia		North Carolina	
Florida	<i>State issued form required</i>	North Dakota	
Georgia		Ohio	
Hawaii		Oklahoma	
Idaho		Pennsylvania	
Illinois		Rhode Island	
Indiana	<i>State issued form required</i>	South Carolina	
Iowa		South Dakota	
Kansas		Tennessee	
Kentucky		Texas	
Louisiana	<i>State issued form required</i>	Utah	
Maine		Vermont	
Maryland		Virginia	<i>State issued form required</i>
Massachusetts	<i>State issued form required</i>	Washington	
Michigan		West Virginia	<i>State issued form required</i>
Minnesota		Wisconsin	
Mississippi	<i>State issued form required</i>	Wyoming	<i>State issued form required</i>

If any property or service so purchased tax free is used or consumed by your company as to make it subject to a Sales or Use Tax, you will be responsible for any tax due directly to the proper taxing authority when state law so provides or informs you for added tax billing. This certificate shall be a part of each order which we may



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hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

**ORGANIZATION PRINCIPALS**

President/CEO: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Sales Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Controller: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
A/P Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BANK INFORMATION**

Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

**TRADE REFERENCES**

Company Reference 1: \_\_\_\_\_  
Account #: \_\_\_\_\_ Customer Since: \_\_\_\_\_  
Payment Terms: \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Reference 2: \_\_\_\_\_  
Account #: \_\_\_\_\_ Customer Since: \_\_\_\_\_  
Payment Terms: \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_



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Company Reference 3: \_\_\_\_\_

Account #: \_\_\_\_\_ Customer Since: \_\_\_\_\_

Payment Terms: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION**

Attention Bank and Trade References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone.

Nothing contained in any purchase order, confirmation, acknowledgment or other writing shall modify, amend or contradict the terms of this Agreement or become part of the terms of sale unless specifically agreed to in writing by Oval Fire Products.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

**Certification Statements**

(a) You certify that you have furnished the answers to the questions in this Application truthfully and accurately and your company will advise Oval of any changes in the information provided within 30 days of the changes becoming effective.

(b) You guarantee that you have provided the required notice and have obtained the necessary consent(s) to share the information provided below with Oval from all the company employees cited, and that the provision of this information is in accordance with local law.

(c) You confirm that an authorized contract signatory of your company has signed and dated the Application below.

Authorized Signature:

\_\_\_\_\_  
Prepared by (signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please allow 72 hours for the processing of your application. Thank you for doing business with Oval Fire Products!

Please provide us with copies of all tax exemption certificates