



CORPORATE SALES OFFICE | 2085 East Foothill Blvd. | Pasadena, CA 91107

Phone: (800) 544-1749 Fax: (626) 356-1130
sales@mscashdrawer.com

RESELLER APPLICATION (Credit Card & EFT/ACH Transfer)

COMPANY INFORMATION				
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Other
COMPANY'S LEGAL NAME		DBA NAME	FEDERAL TAX ID#	
COMPANY WEBSITE		YEAR STARTED	STATE OF INCORPORATION	
MAILING ADDRESS		CITY	STATE & ZIP CODE	
SHIPPING ADDRESS (If different)		CITY	STATE & ZIP CODE	
PHONE NUMBER		FAX NUMBER	RESELLER ID NUMBER	
CONTACT INFORMATION				
PRINCIPLE OWNER NAME AND TITLE			ACCOUNTS PAYABLE NAME	
PRINCIPLE OWNER PHONE			ACCOUNTS PAYABLE PHONE	
PRINCIPLE OWNER FAX			ACCOUNTS PAYABLE FAX	
PRINCIPLE OWNER E-MAIL ADDRESS			ACCOUNTS PAYABLE E-MAIL ADDRESS	
SALES TAX INFORMATION				
Please complete the attached Resale Certificate and provide a copy of your Sellers Permit or Business License. Florida Customers-also provide your Florida Annual Resale Certificate.				
CREDIT CARD INFORMATION				
CREDIT CARD NUMBER		EXPIRATION DATE	SECURITY CODE	
ACCOUNT NAME: <i>(as it appears on card)</i>				
CARD BILLING ADDRESS:				
CITY, STATE & ZIP CODE:				
<input type="checkbox"/> EFT/ACH TRANSFER~ WELLS FARGO BANK~ACCT#4945093987~ABA#107005432				
I hereby certify that the information listed above and/or attached is warranted to be true. Should your terms be offered, applicant understands and agrees to pay all charges within the payment terms as stated on each invoice. Should it become necessary to pursue any delinquent obligation, your Company agrees to pay all costs and fees expended or charged as part of the cost of recovery. At our discretion, interest will be charged on delinquent accounts at the rate of 1.5% per month. A faxed copy of the signature will be considered as an original.				
Applicant Signature:			Date:	
Printed Name:			Title:	