

Manufacturer's Rep Application (800PureAir company; Silent Night product)

revised 11/5/2015

4X	Date of Application	Primary Email Address	Primary Telephone Number	Secondary Telephone Number
2X	Applicant Name (Format options: Smith, John or Smith, John and Mary)		Social Security Number (Format: xxx-xx-xxxx)	
?	Your Company Name (Format options: ABC Air, Bill Jones, LLC)		Federal Tax ID Number (Format: 12-3456789)	
1 or 2	Your Mailing Address (for sending checks or documents)		Your Shipping Address	
	(credit card address; if different, must be inserted at bottom right)			
X	Manufacturer's Rep Agreements (items 1 through 5) 1. I have a general understanding of the compensation system. This is a sales program. I will order direct from the company. As an independent contractor I can set my own retail prices but I cannot <u>advertise</u> a retail price below \$599 for a single unit. I can give additional discounts based on quantity or my discretion or to close a sale as long as I do not advertise such discounts. 2. Based on productivity, I may become eligible for advancement to Manager, which will require company approval.		3. I am responsible for paying sales tax in the jurisdictions where I sell products. If I hire salespeople (perhaps called Affiliates) I will insure that they collect and pay taxes. 4. I agree to operate in an ethical manner and comply by company rules as they are now or as they change. 5. Rep Pack required. \$999 for 2 Silent Night ZEPA-500's and the Rep position. Credit card, check or money order.	
	Sign: _____		default <input type="checkbox"/> I choose to operate through my personal name and SS# <input type="checkbox"/> I choose to operate through my business name and EIN	
2X	Name of Hiring Rep		ID Number of Hiring Rep (leave blank if unknown)	
2X	Name of Manager (if different from above)		ID Number of Manager (leave blank if unknown)	
	(fax to 818-337-2048 or scan and send by email to pureair800@aol.com or mail to 4872 Topanga Canyon Blvd #322, Topanga, CA 91364)			
4X	CREDIT CARD #: _____ EXP. DATE: _____ CVV: _____ AMT TO CHARGE (write \$999): _____			
2X	NAME ON CARD: _____ CARD BILLING ADDRESS: _____			
X	_____ Signature of cardholder			

A sample Reseller Contract and Affiliate Application form can be requested from: BobSilentNight@aol.com

NOTE: Hiring Rep earns \$ 100 on the \$999 Pack.