

**Vinnova Inc.**  
**Phone: 909-930-9388**  
**Fax : 909-930-1188**  
**Email: support@vinnovadesign.com**

### DEALER ACCOUNT INFORMATION

This agreement provides information to set up an account with Vinnova Inc. to become a dealer of its Vinnova product line. This dealer account application is to be filled out completely prior to shipment of any product.

BUSINESS INFORMATION	DESCRIPTION OF BUSINESS		
NAME OF BUSINESS	NO. OF EMPLOYEES	IN BUSINESS SINCE:	NO. OF STORES
LEGAL (IF DIFFERENT)	<b>BUSINESS STRUCTURE</b> <input type="radio"/> CORPORATION <input type="radio"/> PARTNERSHIP <input type="radio"/> SOLE PROPRIETORSHIP <input type="radio"/> DIVISION/SUBSIDIARY PARENT COMPANY: <b>SALES AVENUES: (check all that apply)</b> <input type="radio"/> INTERNET <input type="radio"/> RETAIL/SHOWROOM <input type="radio"/> MAGAZINE/MAILE ORDER <input type="radio"/> WHOLESALE DISTRIBUTOR		
ADDRESS			
CITY			
STATE / ZIP OR POSTAL CODE	WEBSITE ADDRESS:		
E-MAIL CONTACT:	PHONE / FAX NUMBERS:		
INSTAGRAM ACCOUNT:	FACEBOOK ACCOUNT:		
STATE RESELLER PERMIT #:	FEDERAL TAX ID #:		
<b>*IMPORTANT: PLEASE ATTACH A COPY OF BUSINESS AND TAX LICENSE WITH THIS APPLICATION</b>			

COMPANY PRINCIPALS/OFFICERS RESPONSIBLE FOR BUSINESS TRANSACTIONS		
(1) NAME	TITLE	PHONE / EXT
DIRECT EMAIL ADDRESS		FAX
(2) NAME	TITLE	PHONE / EXT
DIRECT EMAIL ADDRESS		FAX

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**TRADE REFERENCES**

COMPANY NAME	CONTACT NAME	PHONE NUMBER	EMAIL

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**CREDIT CARD INFORMATION**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CARD HOLDER'S NAME	BILLING ADDRESS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CREDIT CARD NUMBER	EXPIRATION DATE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CARD TYPE	AUTHORIZING SIGNATURE

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\* PLEASE ENTER V-CODE (last 3-digit number in the signature box on back of card)

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**POLICY AND CONDITIONS AGREEMENT**

I hereby certify that the information in this Dealer Account Application is correct. The information included in this application is to be used to determine the qualification of this company as an official dealer of the Vinnova product line. I hereby accept to comply with all policies and conditions of sale provided by Vinnova Inc and understand that any violation of these policies and conditions could lead to cancellation of my account. Note: All opening orders for product must be pre-paid via credit card or certified funds. Please include payment details in this application.

Any vendor who wishes to sell Vinnova products will adhere to a strict Minimum Advertised Pricing (MAP) policy that ensures that dealers will not post any pricing below the (MAP) that Vinnova has set in place. Dealers agree to MAP and will maintain a current listing on its internet website which can be amended at any time by Vinnova at its sole discretion. Any priced advertisement in any media such as but not limited to internet or similar electronic media, radio, television, flyers, posters, catalogs, mail order catalogs, magazines, e-mail newsletters, e-mail solicitations, coupons, mailers, inserts, newspapers, and public signage must not be less than the current MAP as indicated on the printed price list. Any pricing advertised that does not match current MAP list will be a violation of this MAP policy and may subject to vendor partnership termination.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# ✓ CHECKLIST

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To avoid delays, please make sure you include the following:

- Completed Dealer Application
- Scanned Copy of Your Business License

Once the above information has been received and approved, we will send a price list and all applicable product updates, flyers and additional resources for you to begin putting together your initial order. A Customer Support Representative will contact you with your dealer number.

PLEASE EMAIL APPLICATION AND OTHER SCANNED REQUIRED DOCUMENTS TO:

[support@vinnovadesign.com](mailto:support@vinnovadesign.com)

–or–

+1-909-930-1188 (fax)