

# Dealer Application

- Complete both sides of the application.
- Album payment must accompany your application for processing.
- Customer service is available Monday through Friday, 8:30 a.m. until 4:30 p.m. Central Time at 800.476.4723.
- Email completed application to support@printswell.com or fax to 800.476.2007.

**DEALERSHIP INFORMATION**

Company Name \_\_\_\_\_ Application Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Office Fax (\_\_\_\_\_) \_\_\_\_\_

Owner's Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address (If Different from Billing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address (If Different from Billing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State Sales Tax ID Number \_\_\_\_\_ Website URL (If Applicable) \_\_\_\_\_

Type of dealership you are applying for?  Retail dealer (storefront)  Studio dealer (home or other non-retail office)

Other Stationery Lines You Carry (If Applicable) \_\_\_\_\_

\_\_\_\_\_

How did you hear about PrintsWell? \_\_\_\_\_

**ALBUM ORDER FORM**

Check preference below for **STANDARD** or **PAPERBACK** album

BRAND	ALBUM	STND/PPBK	PRICE
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____

**SHIPPING**

Shipping for Standard Albums - \$8 each \$ \_\_\_\_\_

Shipping for Paperback Albums and/or Updates - \$5 each \$ \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

**ALBUM PAYMENT**  My check is attached.  Please charge my credit card indicated on the back of this form.

Company Name \_\_\_\_\_ Application Date \_\_\_\_\_

**CREDIT AND PAYMENT INFORMATION\***

Visa    MasterCard    AmEx    Discover   Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_   Name on Card \_\_\_\_\_

**SELECT ONE OF THE FOLLOWING METHODS:**

**Per Order Basis** (Charge my credit card at the time of shipment of each order)

or

**Monthly Basis** (Charge my credit card once at the end of each month for all orders shipped during the month)

Your Social Security Number or EIN is required for this option: \_\_\_\_\_

\*All new dealer accounts will be set up for credit card payment on a **per order basis** unless all requested information is provided above.

**PRINTSWELL DEALER POLICIES**

- PrintsWell receives orders primarily through [www.printswell.com](http://www.printswell.com), as well as email or fax. Emailed orders may be sent to [orders@printswell.com](mailto:orders@printswell.com).
- PrintsWell does not accept telephone orders.
- PrintsWell reserves the right to edit or amend our dealer policies at any time, and shall provide a 30-day written notice to affected dealers.

I have read and agree to all of the above policies and formally submit my application for a PrintsWell, Inc. dealership. I understand approval of this application is at PrintsWell, Inc.'s sole discretion. Should my application be approved, I will be notified by PrintsWell, Inc. and can begin my dealership immediately under the terms listed above.

Signature \_\_\_\_\_ Title \_\_\_\_\_