



Box & Ship Dealer Agreement

Account Name: _____ Date: _____

Account Sales Representative: _____ Fax #: _____

Office Phone # _____ Mobile # _____

BXS Module: Pack & Ship _____ Will Call _____ Pack Only: _____

Lead time: 21 calendar days Rush Charges: 15%: 14 days 30%: 7 days

Ship to address (No PO Boxes): _____

City: _____ State: _____ Zip code: _____

All Payments will be submitted by Credit Card on File (form must be attached)

Shipping account (optional, refer to sign-up process) Shipper: _____ Account # _____

Address on Shipping Account: _____

Resale # (required) _____ (certificate must be sent with application)

State: _____ Tax County / City _____ Tax Rate _____ %

Accepted and agreed: must be sent back email to accounts@avalonshutters.com or fax to 909-937-4987

Print company name: _____ Contact person: _____

E-mail address (required for order verification): _____

Print company address: _____

By: _____ Date: _____

Print name of person signing

Title of person signing:

Note: Account will be activated when signed, application has been approved and AMI license fees are paid (if applicable).

For Office Use only

Samples _____

Spiffs: amount _____ timing: _____

Model Discounts: _____ Rebates / CO-OP: _____

Account Information verified by: _____ Date: _____ Account # _____

Account Approved by: _____ (Sales Manager)

Date entered into AMI and Avalon system on: _____ Pricing Module: _____

AMI fees paid _____ AMI license # _____