



Braille LLC, 4553 Marriotti Ct. Unit 101 Sarasota, FL 34233

NEW Fax Number: 1-941-870-3381 Email: sales@brailleauto.com

Sales Line: 941.312.5047

DEALER ACCOUNT APPLICATION

This agreement provides information to set up an account with Braille LLC to become a dealer of its Braille Auto Development 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:
LEGAL (IF DIFFERENT)	BUSINESS STRUCTURE <input type="radio"/> CORPORATION <input type="radio"/> PARTNERSHIP <input type="radio"/> SOLE PROPRIETORSHIP <input type="radio"/> DIVISION/SUBSIDIARY PARENT COMPANY: SALES AVENUES: (check all that apply) <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		
E-MAIL CONTACT / SHIPPING EMAIL	WEBSITE ADDRESS:	
STATE RESELLER PERMIT #:	PHONE / FAX NUMBERS:	
	FEDERAL TAX ID #:	
*IMPORTANT: PLEASE ATTACH A COPY OF BUSINESS AND TAX LICENSE WITH THIS APPLICATION		

COMPANY PRINCIPALS/OFFICERS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
(1) NAME	TITLE	DRIVERS LICENSE #	PHONE/EXT
HOME ADDRESS		BIRTH DATE	SSN
(2) NAME	TITLE	DRIVERS LICENSE #	PHONE/EXT
HOME ADDRESS		BIRTH DATE	SSN

BANK REFERENCES

NAME OF BANK	CONTACT NAME	PHONE/EXT
ADDRESS	ACCOUNT #	

TRADE REFERENCES

COMPANY NAME	CONTACT NAME	PHONE NUMBER	FAX NUMBER

CREDIT CARD INFORMATION

CARD HOLDER'S NAME	BILLING ADDRESS
CREDIT CARD NUMBER	EXPIRATION DATE
CARD TYPE	AUTHORIZING SIGNATURE

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

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 Braille Auto Development product line. I hereby accept to comply with all policies and conditions of sale and returns provided by Braille LLC 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.

Signed _____ Title _____ Date ____/____/____

