

“DEALER” DISCOUNT REQUEST for parts that are resold.

REQUIREMENTS:

1. **MUST SELL OR SERVICE RVS (OR PARTS FOR THEM).**
2. **MUST PROVIDE “CERTIFICATE OF RESALE/SALES TAX EXEMPTION FORM “**
3. **MUST PROVIDE “CERTIFICATE OF LIABILITY INSURANCE (COI)”** (One page summary of coverage produced by your insurance provider.)

Please fill out section #1 thru #4 then email to sales@hwh.com along with the required paperwork above:

Submitter's Name & Title: _____ **Submission Date:** _____

Submitter's Email: _____

1. BILLING ADDRESS: _____ __ Entered into database.

| | | | |
|-------------------|--|-----------------|--|
| Company Name: | | Main Telephone: | |
| Address: | | Main Fax: | |
| City, State, Zip: | | Web Address: | |

2. “DOING BUSINESS AS” (DBA) COMPANY INFORMATION (if applicable): _____ __ Entered into database.

| | | | |
|-------------------|--|-----------------|--|
| Company Name: | | Main Telephone: | |
| Address: | | Main Fax: | |
| City, State, Zip: | | Web Address: | |

3. SHIPPING ADDRESS (If different from BILLING ADDRESS): (If more than one, include additional pages) _____ __ Entered into database.

| | | | |
|-------------------|--|--------------|--|
| Company Name: | | Telephone: | |
| Ship-To Address: | | Fax: | |
| City, State, Zip: | | Web Address: | |

4. KEY PERSONNEL & LABOR RATE: _____ __ Entered into database. Doc 7

| Title | First & Last Name | Phone | Fax | Email |
|--------------------------------------|---|-------|-----|-------|
| _ Owner _ CEO: | | | | |
| President: | | | | |
| General Manager: | | | | |
| Sales Manager: | | | | |
| Service Manager: | | | | |
| Parts Manager: | | | | |
| Key Technician(s): | | | | |
| Shop Labor Rate: | \$ _____ per Hour | | | |
| Authorized Representative Signature: | <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE PRINT NAME LEGIBLY TITLE </div> | | | |

5. HWH OFFICE USE: _____ __ Entered into database.

| | | | |
|---|---|--------------------------|---|
| 01. Customer #: | | 20. Taxable | __ YES __ NO |
| 03. Territory Code: | __ __ __ | 21. Tax Code | __ __ |
| 05. Sales Rep #1: | __ __ __ [____ %] | 22. Credit Limit: | \$ _____ |
| 13. Terms Code | __ (5) Credit Card __ (1) Net 30 __ Other | Required Forms Received: | __ Certificate of Insurance __ Certificate of Resale/Sales Tax |
| 14. Tax Exempt #: | _____ Exp Date (mm/yy): _____ | Ship-To Processing: | __ Ship-To's Set Up in "Bill-To" (if app) |
| 18. Customer Type: | __ __ | | __ Ship-To's Set Up w/own account (if app). |
| Customer Discount % (by Product Class): | _____ _____% _____% _____% _____% _____% _____% _____% <small>01 LeSy 05 Hose 06 Hose End 07 TS 10 RE 11 UPC 1R Repair</small> | | |

Approved by: _____ **Date:** _____

____ HWH Sales Rep. ____ HWH Company President