

## RIGRAP/MAXLITE PRODUCTS GROUP DEALER REGISTRATION

Business/Store Name: \_\_\_\_\_

Type of Business:     DBA             LLC             Corp             Other: \_\_\_\_\_

Contact: \_\_\_\_\_

Main Office/Store Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Ship to Address:     Same as above

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Main Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Business/Store Web Address (URL): \_\_\_\_\_

### Social Media Addresses

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

YouTube: \_\_\_\_\_

Other: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

### Percentage of Sales

Online Sales (%): \_\_\_\_\_

Store Sales (%): \_\_\_\_\_

From Highest to Lowest, list the main activities your customers participate with

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

EIN/Tax ID Number: \_\_\_\_\_

Office Use Only:

**All orders are shipped FOB Jupiter, Florida 33458 USA. Pre-Paid USA shipping is available on all orders of \$2,500.00 or more.**

All invoices are to be paid COD unless account arrangements have been established. All invoices are net 30 days unless otherwise agreed to in writing. All International sales must include a letter of credit or advance payment. All invoices past due are subject to a late fee of 2% per month. Any product returns are subject to \$20.00 per case restocking charge plus shipping costs. If collection/legal services are needed to remedy any unpaid balance, the customer will be responsible for any/all costs including court fees and interest on any/all unpaid balance(s). Claims arising from invoices and/or packing orders must be made within 5 days of the documented receipt of the order(s) in question. Claims due to shipment mishandling and/or damages must be made to the freight handler/carrier, NOT to RIGRAP, LLC.

Remit all payments to: RIGRAP, LLC, PO Box 8464, Jupiter, Florida 33468 USA Attn: AR Dept.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PLEASE EMAIL COMPLETED REGISTRATION TO: maxlite@rigrap.com**