



Merchant Blinds Seller Application Instructions

Company Information

Sales Rep: _____
 Company Name: _____
 Shipping Address: _____
 City/State/Zip: _____

Billing/Mailing Address: _____
 City/State/Zip: _____

Primary Phone: () _____

Organization Type: _____
 Federal Tax ID #: _____
 Tax Exempt?

(Check if Yes, and email/fax tax exemption forms to sales@merchantblinds.com/404-420-2566)

Company Contacts:

(Primary Contact) Full Name: _____
 (Primary Contact) Phone: _____

Name, E-Mail Address (s) to receive order confirmations/tracking:

Name, E-Mail Address (s) to receive invoices/Accounting:

The Purchaser agrees that all business transactions are entered into in the State of Georgia. The enforcement and interpretation of these transactions shall be governed by the laws of Georgia. Purchaser agrees that any legal or equitable action for claims, debts or obligations arising out of or to enforce the terms of these transactions may be brought in any County Court of Law or State District Court sitting in Fulton county, Georgia, and those courts shall have personal jurisdiction over the parties and venue of the action.

Your signature indicates that you have read and agree to all the terms expressed by Merchant Blinds

Name: _____
 Title: _____

Signature: _____ Date: ____/____/____



Application for Automatic Credit Card Processing

Authorization Information

I/We hereby authorize Merchant Blinds to charge our invoice(s) to the following charge card account. It is understood and hereby agreed upon by both parties, Merchant Blinds, and the cardholder listed below that the amount charged will be as per the invoice amount and/or charges accepted and authorized prior to processing the card information for approval. In the event that the processing agent denies authorization of the card listed below. I/we will be responsible to pay the amount due either by providing another charge card or by cashier/certified check unless other arrangements are made with Merchant Blinds.

Company Name: _____
 Billing Address: _____
 City/State/Zip: _____
 Card Type: _____
 Card Number: _____
 Expiration Date: _____
 Card Holder's Name: _____ *(as appears on the card)*
 Security Code: _____

Please Check Preferred Option:

- Automatically charge all orders
 One time use only

Individuals Authorized to use this Card:

- 1) _____
 2) _____
 3) _____

Authorized Signature: _____ Date: ____/____/____

Merchant Blinds hereby agrees to use the information detailed above solely for the purpose of charging legitimate sales to the cardholder listed above. Merchant Blinds agrees not to disclose the information detailed above to any unauthorized person.