



8820 NW 17TH MANOR, CORAL SPRINGS, FL 33071 PH: 945-341-7554 FAX: 954-341-7707
 WWW.MORPHINEINDUSTRIES.COM

DEALER APPLICATION

CREDIT			
Terms requested:	COD:	Credit Card:	Net 30:
BUSINESS CONTACT INFORMATION			
Name of company:			
Trade name (if different):			
Phone:		E-mail:	
Billing address:			
City:		State:	ZIP Code:
Shipping address (if different):			
City:		State:	ZIP Code:
Email:		Website:	
Federal ID #:		Resale tax #:	
Date business commenced:		How long at current address?	
Sole proprietorship:	Partnership:	Corporation:	Other:
PRINCIPAL(S)			
Name:		SSN:	
Address:			
Name:		SSN:	
Address:			
LIABILITY INSURANCE			
Liability insurance: YES	NO	Insurance company:	Phone:
BUSINESS AND CREDIT INFORMATION			
Bank name:		Bank contact:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type(s) of account	Account number		
Savings			
Checking			
Other			
TRADE/CREDIT REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:		Credit limit:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:		Credit limit:	

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:	Credit limit:	
AUTHORIZED PERSONNEL		
Name(s) authorized to order:	1.	2.
Name(s) authorized to order:	3.	4.
SUMMARY AND AGREEMENT OF TERMS		
<ol style="list-style-type: none"> 1. All sales are Pre-pay or COD Company Check unless otherwise specified. 2. All returned checks are subject to a \$30 fee 3. Payments should be made out to Morphine Industries. 4. By submitting this application, I authorize the above listed bank and credit references to release credit information on our company as requested. I also authorize you to inquire with credit reporting agencies on our company. 5. In consideration of extension of credit, I agree to pay all invoices in full within the stated terms. Should action be required to collect payment of any past-due account, I agree to pay all costs including but not limited to court costs, attorney's fees, and collection agency charges, which may be incurred or expended. I hereby certify that all the information on this form is complete and correct. 6. Personal Guarantee: In consideration for the credit extended, the undersigned contracts and guarantees to the faithful payment, when due of all accounts of the company seeking credit. 		
SIGNATURES		
Authorized Signature:	Title:	
Print name:	Date:	



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SALES POLICIES

NEW CUSTOMERS

New dealers must complete a dealer application in order to set up a wholesale account with Morphine Industries. A valid business license with resale tax number, federal tax ID, and proof of liability insurance are required. Morphine Industries reserves the right to refuse business to anyone who does not meet these requirements.

ORDERING

Orders can be phoned to 954-341-7554 between 9am and 5pm EST, or faxed to 954-341-7707. When faxing orders please include account number, ship-to location, phone number, name of person placing order, quantities and descriptions of products. Orders may also be placed via e-mail. Ask your Morphine Industries customer service representative for the appropriate email address.

TERMS

After becoming a Morphine Industries dealer, customers may make payment by COD, Company Check, or Credit Card. Open account terms are available upon credit approval. All checks should be made out to Morphine Industries. Accounts over 60 days past due will be put on credit hold and will be subject finance charges. Returned checks will be subject to a \$30 service charge per check. In addition to all due balances and returned check service charges, past due customers will be responsible for all collections fees before accounts can be re-opened.

PRICING AND SPECIFICATIONS

Prices and specifications are subject to change without notice. Items may be withdrawn from sale at any time. Due to demand and production schedules, some products may not always be available.

WARRANTY

All Morphine Industries components have a 90-day warranty against manufacturing and material defects. Welding, hammering or any altering of the component(s) voids warranty. Morphine Industries, at its discretion, will repair or replace the warranted component. Morphine Industries requires proof of purchase in the form of a purchase receipt or copy of the registration stub with any warranty claim. This policy is for like-exchange and does not include upgrades or color changes.

All warranty claims must have Return Authorization Number (RA#) issued by a Morphine Industries customer service representative or they will not be accepted.

SHIPMENTS

Any shipment discrepancies must be reported within 10 days of delivery date. Claims of lost or damaged goods should be made immediately to Morphine Industries. Refused shipments will be charged a 15% restocking fee plus all shipping costs.

RETURNS

All returns must have Return Authorization Number (RA#) issued by a Morphine Industries customer service representative or they will not be accepted.