PVC Signs

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Phone & Fax: 866-787-0028 PVCSIGNS@OPTONLINE.NET

MEMBER REGISTRATION

Members receive access to Special Pricing, Free downloads of Sign Shapes, Design Templates and Graphic Elements. In addition Members get special Design and Installation Support at no extra charge.
To register as a PVC Signs Member please complete this Dealer Registration Form and Registration Form and Fax to : 877-338-2208.

BUSINESS INFORMATION

Name of Business:_____ **Phone:**_____

Address:_____ **Fax:**_____

City:_____ **State:**_____ **Zip:**_____ **Mobile:**_____

Principle's Name:_____ **E-Mail:**_____

Contact's Name:_____ **E-Mail:**_____

Business Type: ____Sole Proprietor ____Partnership ____Corporations ____LLC
____Condominium ____Co-Operative ____Non- Profit ____Gov. / Municipality
____Religious Org. ____Educational ____Developer

Years in Business:_____ **No. of Employees**_____ **Website:**_____

Federal Tax Number:_____ **Sales Tax ID Number:**_____

FINANCIAL INFORMATION

AUTHORIZATION TO RELEASE BANKING INFORMATION

Name of Bank:_____ **Phone:**_____

Address:_____ **Fax:**_____

City:_____ **State:**_____ **Zip:**_____ **Contact:**_____

Account No:_____ **No. Years:**_____

You are hereby authorized to release information on all our accounts maintained at your bank to HLF DISTRIBUTING, INC. Such information should include average 12 month balance, activity, NSF history, and overall account status.

DATE:_____ _____
(Authorized Signature)

PRIVACY POLICY: Your Information is confidential. We are the sole owners of the information collected on this site. We only have access to/collect information that you voluntarily give us via email or other direct contact from you. We will not sell or rent this information to anyone.

I (we) certify that the above information is correct and personally guaranty to pay all invoices in the event that my (our) business fails to do so in accordance with the stated terms of such invoices. I (we) understand that custom orders are non-refundable, and returns of stock items are subject to a 20% re-stocking fee. I (we) understand that all past due balances will be subject to a late fee of 1-1/2 (one and one-half) percent per month.

DATE:_____ _____
(Authorized Signature)

FAX YOUR COMPLETED FORM TO 866-787-0028