

Today's Date: _____

Quote Number: _____

I authorize my reseller, _____, to receive the It Pays to Trade rebate check on my behalf.

Signature

Print Name

Date

Reseller Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Reseller Contact Name: _____

Phone: _____

Email Address: _____