



**COMPANY INFORMATION**

COMPANY LEGAL NAME \_\_\_\_\_

BUSINESS NAME (DBA) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

**MINIMUM REQUIREMENTS** (complete before application)

- In good standing with MLILY without past due Debts
- Has an established Brick & Mortar store
- Has an established website setup for sales (available for review)
- Carry at minimum 5 MLILY mattresses in their store

WEB STORE ADDRESS \_\_\_\_\_

ADMIN EMAIL \_\_\_\_\_

ADMIN PHONE \_\_\_\_\_

**BILLING INFORMATION**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**SHIPPING INFORMATION**

SAME AS BILLING:

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

CONTACT \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**SALES REPRESENTATIVE**

MLILY REP \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

Acting as an authorized agent for my company / organization, by my signature below, I agree to all statements and guideline mentioned within this document.

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_

