



Mastercool[®]
"World Class Quality"

Authorized Reseller Application

Thank you for your interest in becoming a Mastercool Authorized Reseller. Pending authorization, we will send you the Authorized Reseller Logo. Please complete this application and email a signed PDF (or digitally signed) copy to: jant@mastercool.com

| | | |
|-------------------|--------|------|
| Company Name: | | |
| Physical Address: | | |
| City: | State: | Zip: |

| | | |
|------------------|---|------|
| Billing Address: | <input type="checkbox"/> same as physical address | |
| City: | State: | Zip: |

| | |
|---------------|------|
| Contact Name: | |
| Email: | |
| Telephone: | Fax: |

| | | | |
|---|---|-------------------|--|
| Business Tax ID # (federal or state ID) | | | |
| Date company was established? | | | |
| Ownership Type: | <input type="checkbox"/> Individual/Sole Proprietor | | |
| | <input type="checkbox"/> Partnership | State Registered: | |
| | <input type="checkbox"/> LLC or LLP | State Registered: | |
| | <input type="checkbox"/> Corporation | State Registered: | |

| | |
|------------------------|------------|
| Principal Owner (1): | Title: |
| Principal Owner (2): | Title: |
| President/Senior Exec: | Title: |
| Purchasing Contact: | Telephone: |
| Accts Payable Contact: | Telephone: |

| | | | | |
|--|--|--|---|---|
| Primary Market: | <input type="checkbox"/> Automotive | <input type="checkbox"/> HVAC/R | | |
| What region or states do you plan to distribute in? | | | | |
| Describe how you intend to resell Mastercool products: | | | | |
| Retail Store (physical location selling directly to consumers): <input type="checkbox"/> | Online Store/Website (selling directly to consumers online) <input type="checkbox"/> | Distribution to Other Retailers <input type="checkbox"/> | Wholesale to Other Resellers <input type="checkbox"/> | Other (please explain) <input type="checkbox"/> |
| Please list your company's website. If you intend to distribute online, please list all e-commerce websites. | | | | |
| Website: | | | | |
| Website: | | | | |
| Other: | | | | |

| | | | | |
|---|-----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| How did you hear about Mastercool products? : | | | | |
| <input type="checkbox"/> Google | <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Industry | <input type="checkbox"/> Other: |
| What other manufacturer lines do you sell?: | | | | |
| | | | | |

| | |
|--------------------|--|
| REFERENCES: | |
| NAME: | |
| ADDRESS: | |
| TELEPHONE: | |
| FAX: | |
| EMAIL: | |
| NAME: | |
| ADDRESS: | |
| TELEPHONE: | |
| FAX: | |
| EMAIL: | |
| NAME: | |
| ADDRESS: | |
| TELEPHONE: | |
| FAX: | |
| EMAIL: | |

AUTHORIZED SIGNATURE:

By submitting this application, you certify you have received, read and understand the Mastercool Authorized U.S. Distributor Policy and the Standard Terms and Conditions of Sale document and that the information supplied in this application is true and correct. The parties agree to accept a digital image of this signed document as executed, as a true and correct original and admissible as best evidence to the extent permitted by a court with proper jurisdiction. You further agree that your signature below may appear digitally and is the legally binding equivalent of a traditional handwritten signature.

| | | |
|------------------|--------------|-------------|
| | | |
| SIGNATURE | TITLE | DATE |