# Inn-Phone

A Division of Med-Pat®

# Inn-Phone Authorized Dealer Application

Legal Business Name:

DBA (if applicable):

Shipping Address:                                    City:                    State:     ZIP:

Billing Address (if different):                  City:                    State:     ZIP:

Type of Business (e.g., corporation, partnership, subsidiary): _____

Legal Owner:                                                     TEL:

President:                                                           TEL:

Accounts Payable Contact:                                 TEL:

Authorized Buyer(s):  _____

Annual Sales (most recent three years): _____  _____  _____

D&B number:

Total number of full time employees:  _____

Brief description of your business:

How long have you been working with hotel/motel customers?  _____

What percentage of your business involves hotel/motel services or sales?  _____

Approximately how many hotel/motel clients does your company support?  _____

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**Resale Certification**

I hereby certify that I hold a valid resale tax ID or license number issued under the authority of the state of _____, that I am engaged in the business of selling telephone equipment and that the products I purchase from Inn-Phone® will be resold by me. It is understood and agreed that any Inn-Phone® products I may purchase for personal retention, demonstration or display in the regular course of business may be subject to state, federal or local taxes and those fees will be paid directly by my company to the appropriate tax authority.

**Please attach a copy of your state resale license or business license and submit with this application. If your state does not charge state sales tax, please include a copy of your Federal Employer Identification.**

I certify that all information provided in this Dealer Application is current and correct to the best of my knowledge. I agree to inform Inn-Phone of any changes to my address, contact information or company structure that materially affects the information in this application.

_____
Signature                              Title                              Date