



Date sent- _____

Rep: _____

Company Information

Legal Company Name: _____ year established: _____
 Type of Organization: Corporation LLC Partnership Proprietorship Other (circle one)
 In order to purchase from Sheehan Sales, you must be a verified reseller. Therefore, you must fill out the attached form E595E The name on your resale certificate must be the same as the legal company name above
 Owner(s) legal names: _____
 Company Contact Name: _____
 Phone Number (home) _____ (business) _____
 (cell) _____ At least one phone number must be a "land line" in your name or your company name which can be verified: mark with *
 Fax# _____ Email Address: _____
 If sole proprietorship, we need your home address: _____
 Canadian Tax ID Number 913-15 Digit Number for customs, V.A.T. _____

Billing Information

Address for invoices/order copies: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ What business or person is at this Billing address? _____
If you will be using a credit card:
 Name on Card: _____ (if other than owner, the cardholder must sign an authorization form allowing us to charge their card for purchases for your company)
 Billing address associated with card: _____
 _____ city _____ state: _____ Zip _____
 Phone number associated with your credit card account: _____

Shipping Information

Address : _____ residential? Yes No
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 phone number for shipping address if different from billing
 COD shipments-First time customers who refuse their first shipment or have it held so long at UPS that it is returned to us, will have to pay original shipping, refusal fees and reshipment charges prior to any subsequent shipment being made to them. Repeat Customers who miss shipments or refuse them will have the original shipping charges and refusal fees added to the new shipping charges on any subsequent order

The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided herein is a complete and accurate representation of the company. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. All invoices past due by 30 days or more are subject to a finance charge of 5.75%. The cost of collection, including reasonable attorneys fees, will be added to the invoice in the event of non payment. Debt is due and payable and subject to the laws of North Carolina

Return Policy

- All complaints and claims must be made within 5 days of receipt of merchandise IN WRITING. Fax or email to us
- A Return Authorization Number is required in order for a Return to be accepted at our dock. Your Account Rep call you upon receipt of your written complaint or claim
- All Returns must be sent Freight Prepaid to our physical address: 1408 Transport Drive, Raleigh, NC 27603 .
Your signature on this forms signifies that you have read and understood this policy

Authorized Signature (owner or officers only)

Date: _____

Fax to: 919-212-6198

Include Exemption certificate e595e

Mail to:

P.O. Box 680 Garner, NC 27529