



The LMTD Group, Inc.  
 2840 Lafayette Road  
 Fort Oglethorpe, GA 30742  
 phone 706.861.4165  
 fax 706.861.4164  
 http://www.FactoryX.com

# FactoryX Dealer Application

**FOR INTERNAL OFFICE USE ONLY**

Accepted by: \_\_\_\_\_  
 Customer #: \_\_\_\_\_  
 Date: / /

**PLEASE PRINT OR TYPE**

**COPIES OF BUSINESS LICENSE & TAX LICENSE MUST ALSO BE ATTACHED.**

Name of Business \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Number Years in Business: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 Number of Locations: \_\_\_\_\_  
 Purchasing Name & Contact Info: \_\_\_\_\_

Resale/Sales Tax No. \_\_\_\_\_  
COPIES OF BUSINESS LICENSE & TAX LICENSE MUST ALSO BE ATTACHED.  
 Type of Business \_\_\_\_\_  
 SSN or FEIN# \_\_\_\_\_  
 Legal Type: SoleProprietor  Partnership   
 Corporation  Other  \_\_\_\_\_  
 Owner/Officer Name: \_\_\_\_\_  
 Business Operates Primarily from:  
 StoreFront  Home  Catalog   
 Tradeshow  EBAY  \_\_\_\_\_  
 Website  \_\_\_\_\_  
 Other  \_\_\_\_\_

**Please List up to FOUR (4) Related Industry Vendors/Distributors from whom you purchase:**

**Company Name** \_\_\_\_\_  
**City/State/Country** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Doing Business Since** \_\_\_\_\_  
  
**Company Name** \_\_\_\_\_  
**City/State/Country** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Doing Business Since** \_\_\_\_\_

**Company Name** \_\_\_\_\_  
**City/State/Country** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Doing Business Since** \_\_\_\_\_  
  
**Company Name** \_\_\_\_\_  
**City/State/Country** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Doing Business Since** \_\_\_\_\_

What product lines are you interested in the most? \_\_\_\_\_

How did you hear about FactoryX/LMTD? \_\_\_\_\_

Please provide a detailed description of your store (or selling enviroment): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I certify that all the statements made by me in this Application are correct to my knowledge. I authorize The LMTD Group, Inc. to investigate and verify the information I have provided. I acknowledge receipt of the FactoryX Policies.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FactoryX is a Trade Name of:**



## **Sales Policies [ 1/1/2006 ]**

**All pricing and payments accepted are in US Dollars only.**

**Terms are Prepaid (MasterCard, VISA, AmericanExpress accepted)**

**NET Accounts on approval via a separate Credit Application.**

**Payments via mailed in Checks may be held for 10-14days in order to verify availability of funds.**

**Bank Wire Transfers less than \$1,000.00 may be subject to an additional fee.**

**Shipments are FOB Chattanooga, Tennessee.**

**Shipments may be picked up by customer's freight company or FactoryX will provide shipping via our accounts with UPS or LTL carrier, etc. and add the shipping costs to the invoice.**

**Any additional costs incurred due to shipment changes, adjustments, up-charges, re-deliveries, residential addresses, etc., whether incurred at the time of shipping or at a later date will be charged to the customer.**

**FactoryX does offer a Drop-Ship Program for Approved Accounts.**

**Returns of product are not accepted, other than due to actual product defects and/or significant shipping damages.**

**LMTD relationships are not contractual and the relationship may be terminated by either party without notice.**

**LMTD reserves the right to change, amend or discontinue this policy at any time.**



FactoryX is a TradeName (d/b/a) of:  
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## CREDIT CARD AUTHORIZATION

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ACCOUNT#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CardType: \_\_\_\_\_

CardNumber: \_\_\_\_\_

ExpirationDate: \_\_\_\_\_

CVV: \_\_\_\_\_

NameOnCard: \_\_\_\_\_

BillingAddress: \_\_\_\_\_

\_\_\_\_\_

I authorize FactoryX (The LMTD Group, Inc.) to use this credit card for purposes of securing payment for orders of product at the time of shipment.

\_\_\_\_\_  
CardHolder Signature