

NEW DEALER APPLICATION

*Owner/Officer:	<input type="text"/>	*Title:	<input type="text"/>
*Legal Business Name:	<input type="text"/>		
*Type Of Business:	<input type="text"/>	*Year Of Business:	<input type="text"/>
CA resale number:	<input type="text"/>		
*Federal Tax ID or SSN:	<input type="text"/>	(DBA if applicable):	<input type="text"/>
Billing Address:(If different)	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Country:	<input type="text" value="Select Country"/>
*Shipping Address:	<input type="text"/>		
*City:	<input type="text"/>	*State:	<input type="text"/>
*Zip Code:	<input type="text"/>	*Country:	<input type="text" value="Select Country"/>
*Phone:	<input type="text"/>	Fax:	<input type="text"/>
*Cell:	<input type="text"/>		
*Email:	<input type="text"/>	Website:	<input type="text"/>
*Business Location:	Residential Area <input type="radio"/> Business District <input type="radio"/>		
*Operating Hours:	<input type="text" value="Select Time"/> To <input type="text" value="Select Time"/>		
*Business Days:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	M T W Th F S Su All		
*Accounts Payable Contact:	<input type="text"/>		
*Phone:	<input type="text"/>	*Email:	<input type="text"/>

Return Authorization FORM

* Company Name:

* Account Number: * Date:

* Order Number: * Invoice Number:

* Contact Name: * Contact Phone:

RETURNS AND EXCHANGES

Returns must be shipped prepaid and cannot be accepted without receiving a prior written and or verbal Return Authorization Number from AETCO Inc. The Return Authorization Number must appear on the outside of each box being returned. Please call our customer service department for a Return Authorization Number. Unauthorized returns will be refused. Merchandise is subject to a 20% restocking fee. AETCO Inc. will not accept back merchandise after 30 days. Additional charges will be assessed for merchandise requiring new packaging. All restocking charges will be determined at original purchase value. No credit will be extended to obsolete items, discounted items, special manufactured items or tampered/neglected items. **AETCO Inc. will not accept back any special ordered items.**

All defective merchandise will be handled based on the manufacturers guidelines. AETCO Inc. will not be responsible for any replacement and repaired merchandise from other manufacturers. Please call customer service to find out the warranty for the manufacturer.

Item No:	Qty:	Part No:	Reason For Return:	Price:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Captcha:

Once you have received a return authorization number please send merchandise back to :

AETCO Inc.
Attn: Returns
2825 Metropolitan Place
Pomona CA 91767