

## HCW Services Inc. Surevalve™ Dealer Application Form

By applying to become a Surevalve™ dealer through HCW Services Inc. your company or you agree to resell Surevalves™ to retail customers at a minimum of \$24.95 or more, and agree to exclusively purchase your stock of Surevalves™ from HCW Services Inc. at the current dealer rates.

Company Name	*	_____	HCW Services Inc. Sales Rep.	*	_____
First Name	*	_____	Address	*	_____
Last Name	*	_____	City	*	_____
Phone #	*	_____	State	*	_____
Alt Phone #		_____	Postal Code	*	_____
Fax #		_____	E-mail	*	_____

### Tax Information

Federal Tax ID	*	_____	Expiration (mm/dd/yyyy)	*	_____
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\*Note if you live in Florida and do not have a Florida sales tax ID you will be charged 7% sales tax.

Florida Sales Tax ID	_____	Expiration (mm/dd/yyyy)	_____
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If you do not own a business or don't have a Federal Tax ID please complete below.

Social Security \* \_ \_ - \_ - \_ \_ \_ \_

Signature \* \_\_\_\_\_

Drivers license \* \_\_\_\_\_

Position (if a company) \* \_\_\_\_\_

All items marked (\*) are required.

#### REMINDER

To complete the Registration process.

Email or mail this form and a copy of your Tax ID Certificate and Florida state tax ID (if applicable).

or

Email or mail this form and a copy of your driver's license showing your current address.

HCW Services Inc.  
PO Box 1395  
Englewood, FL 34295

Email your questions to [dealers@hcwsinc.com](mailto:dealers@hcwsinc.com)