

**Independent Driving Systems 580 TC Jester Phone: (713) 864-1460**

**Houston, TX 77007 Fax: (713) 864-1469**

**Email: [Info@FreedomWheels.com](mailto:Info@FreedomWheels.com)**

**General Information**

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporation\_\_\_\_\_\_ Proprietorship\_\_\_\_\_\_ Partnership\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Main Type of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Incorporation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Territory You Cover\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in the Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Officers, Partners, or Guarantors**

Title and Name (First, Middle, Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Title and Name (First, Middle, Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_

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**State Sales/Use Resale Certificate**

Please include a copy of your state sales and use tax and resale certificate.

**Insurance**

Please provide a copy of your Certificate of Insurance naming Independent Driving Systems as the Certificate Holder/Additional Insured.

Name of Insurer Policy Number Expires

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NOTICE: If accepted by Independent Driving Systems, you agree to maintain a list of customers and agree to service all Independent Driving Systems customers during and after the limited warranty period in a prompt and professional manner. This agreement may be terminated by either party after thirty (30) days written notice due to non-compliance to the above or breach of credit terms.

**Authorization**

**I hereby authorize Independent Driving Systems, any credit bureau or other investigative agency employed by Independent Driving Systems, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.**

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

**Name and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for applying to be a dealer of our high-tech adaptive equipment.**

**I.D.S., Inc. 1/98**