



# AED Affiliate Program

Thank you for your interest in becoming a partner in our AED Affiliate Program. To complete your application process please fill out the following two-page Affiliate Information Packet which follows this page. The completion of the AED packet will allow us to begin the approval process and establish you and your organization in our system.

## AED Information Packet Summary:

Page 1: Application Form - We encourage you or your organization to fill out all of the fields. The more accurate information you provide the faster your approval is processed.

Page 2: W-9 Form - The W-9 must include your legal name and tax ID (as when used to file your federal income taxes), address, and ownership type.

\*\*This must be signed and dated.

State Tax Exemption: Please provide a copy of your State Tax Exemption Form.

\*\*This must signed and dated.

When completed please fax to 207-783-9685. Please do not return by e-mail as this is not a secure method of transmission. The approval process could take up to 5 business days. Once approved, you will receive an enrollment letter by e-mail with your Affiliate Account Number - this will be used with all orders placed. Along with the enrollment letter, you will receive our Terms & Conditions which is to be reviewed, signed and returned to activate your account.

If you have any questions, please contact your assigned Image Consultant at 1-800-723-2050 or 207-782-6175.

Sincerely,  
Affordable Exhibit Displays, Inc.  
207-783-9685

# AED AFFILIATE PROGRAM APPLICATION FORM

## CREDIT APPLICATION

Company name

DBA (if different)

Contact person

Address

Federal tax ID or Social Security number

Type of business

No. of employees

Date business established

Are you a:

☐ S CORPORATION

☐ C CORPORATION

☐ PARTNERSHIP

☐ INDIVIDUAL

☐ LLC

☐ SOLE PROPRIETORSHIP

☐ SOLE PROPRIETORSHIP

What is your DUNS (Dun & Bradstreet) Number:

## TRADE REFERENCES

Reference #1

Name

Address

Fax (required)

Phone

Reference #2

Name

Address

Fax (required)

Phone

Reference #3

Name

Address

Fax (required)

Phone

## BANK REFERENCES

Bank#1

Account #

Phone

Contact person

Name of bank

Address

Authorized signature:

Printed name:

Title:

Date:

## FOR CREDIT DEPARTMENT USE ONLY

CREDIT APPROVED \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**IRS Substitute Form  
W-9****Request For Taxpayer Identification Number and  
Certification**  
(For Use By U.S. Citizens, U.S. Entities, Or Resident Aliens Only)Return form to the  
Affordable Exhibit Displays

Under the United States Internal Revenue Code, Affordable Dispalys is required to obtain Taxpayer Identification Numbers (TIN) when making reportable payments to individuals or entities. Certain payments may be subject to a backup withholding rate of twenty-eight percent when this information is not provided. The IRS may also assess a penalty of \$50 per form unless failure to comply is due to reasonable cause and not willful neglect.

Print or Type See specific instructions on <a href="#">Form W-9 Instructions</a>	<b>Legal name</b> (as shown on your income tax return and matches TIN number listed in Part I)		
	<b>Business name</b> (only use when "doing business as" (dba) is a different name than the legal name listed above)		
	<b>Check appropriate box for federal tax classification</b>		
	Individual (SSN)	Single Member LLC (SSN/EIN) Name = Individual	Estate/Trust (EIN)
	Sole Proprietor (SSN/EIN)	LLC (EIN) Enter Tax Classification Code _____	Non-Profit Organization (EIN)
	C Corporation (EIN)	(C = C Corporation, S = S Corporation, P = Partnership)	Governmental (EIN)
	S Corporation (EIN)	Partnership (EIN)	Other _____
<b>Exemptions</b> (see <a href="#">Form W-9 Instructions</a> )      Exempt Payee Code _____ Exemption from FATCA Reporting code (if any) _____			
<b>Address</b> (number, street, and apt. or suite no.)			
<b>City</b>		<b>State</b>	
		<b>Zip Code</b>	

**Part I      Taxpayer Identification Number** (as reported for tax purposes and matches legal name above)**Social Security Number/ITIN**

(Legal name above must be individual name)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\*\*\* OR (only one) \*\*\*

**Employer Tax ID Number**

\_\_\_\_ - \_\_\_\_\_

**Part II      Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
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