

DEALER APPLICATION

Unified Skate Supply
8849 Canoga Ave., Los Angeles, CA 91304
www.unifiedskatesupply.com

Terms and Conditions:

Business Hours: 9:00am to 5:00pm (Pacific Standard Time), Monday through Friday.

Terms: All new accounts will be shipped COD company check or credit card. VISA, MASTERCARD and AMEX accepted. Net-30 Terms available upon approval.

Returned Checks: Returned checks service fee is \$25.00.

Shipping: All merchandise is shipped F.O.B. Canoga Park, California. Larger orders may be sent by your specified carrier, freight charges collect.

Returns: Returns must be made within 10 working days of receiving the goods. We do not assume responsibility for merchandise lost or damaged in transit. If an order is canceled after it has been packed and invoiced, a restocking fee of 5% will be charged to the account.

Prices: All prices, products, and terms are subject to change without notice.

Dealer Information:

Business Name: _____

Type of Business: _____ Distributor _____ Retail _____ Webstore _____ Brand: _____ Other: _____

Date Business Started: _____ Years at Present Location: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax _____

A/P Contact: _____ A/P Phone: _____ A/P Fax: _____

Ownership: Corporation _____ Partnership _____ Sole Owner _____ Number of Stores: _____

If Sole Owner, list sole owner's name, phone number, social security number and home address:

Name: _____ Phone: _____ SSN#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

If Partnership or Corporation, list partners and managers information:

Name: _____ Phone: _____ SSN#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ SSN#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Federal Tax ID: _____ California Seller's Permit Number (for California businesses): _____

Shipping Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax _____

Authorized Buyer: _____ Email Address: _____ Website: _____

Bank Information:

Bank Name: _____ Bank Account Number: _____ Bank Manager: _____

Bank Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax _____

Trade References:

Company: _____ Contact: _____ Tel: _____ Fax: _____

Company: _____ Contact: _____ Tel: _____ Fax: _____

Company: _____ Contact: _____ Tel: _____ Fax: _____

Brands carried: _____

By signing below, I declare that I have read and accept the above terms and conditions. I, hereby authorize Unified Skate Supply to obtain credit information from the above referenced companies.

PERSONAL GUARANTEE (DELINQUENT ACCOUNTS WILL BE PLACED WITH COLLECTIONS AGENCY)

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICE(S) (MERCHANDISE AND SHIPPING) IN ACCORDANCE WITH OUR TERMS. APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENT IN COMPLIANCE WITH TERMS. APPLICANT PERSONALLY GUARANTEES TO PAY THE CHARGES INCURRED IF THE COMPANY SHOULD FAIL TO DO SO.

Print Title Signature Date