

DEALER APPLICATION
Unified Skate Supply
PO BOX 25251, Los Angeles, CA 90025 USA
Phone/Fax: (310) 258-9860
www.unifiedskatesupply.com
TERMS AND CONDITIONS

Business Hours: 9:00 am to 5:00 pm (PST), Monday through Friday

Terms: All new accounts will be shipped COD certified check or credit card. VISA and MASTERCARD are accepted.

Returned Checks: All returned checks are charged a \$15.00 service fee.

Shipping: All merchandise is shipped F.O.B Los Angeles, CA by UPS. Larger orders may be sent by your specified carrier, freight charges collect.

Returns: Returns must be made within 10 working days of receipt of 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% (of the total product ordered) will be charged to the account.

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

Business Name: _____

Type of Business: Distributor Retail Internet Other: _____

Date Business Started: _____ Date of Inc.: _____ Length of Present Location: _____ YRS

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, please list sole owner's name, home address and phone number:

Name: _____ Phone: _____ SSI#: _____

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

If partnership, please list names, home addresses and phone numbers of all partners:

Name: _____ Phone: _____ SSI#: _____

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

Name: _____ Phone: _____ SSI#: _____

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

Are you Sales and/or Tax Exempt? Yes (please attach resale certificate) No

Authorized Buyers:

1) _____ 2) _____ 3) _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact/Buyer: _____ FEIN#: _____

Email: _____ Website: _____

Bank Information:

Bank Name: _____ Primary Account#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Trade References (Skateboard references, please)

Company: _____ Fax: _____

Company: _____ Fax: _____

Company: _____ Fax: _____

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)

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Signature _____

Date _____