

**DEALER APPLICATION**  
UNIFIED SKATE SUPPLY  
PO BOX 25251, Los Angeles, CA 90025 USA  
Phone/Fax: (818) 347-5283  
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 \$25.00 service fee.

**Shipping:** All merchandise is shipped F.O.B Canoga Park, 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)**

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES 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 GARRANTEES TO PAY THE CHARGES INCURRED IF THE COMPANY SHOULD FAIL TO DO SO.

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