

Resource Distribution



1032 W. 18th Street #B2 Costa Mesa, Ca 92627
 P: 949-515-6209 F: 949-515-6290

Please put your Credit Card info on the second page (See Tab - Credit Card Auth Form)

AUTHORIZED DEALER APPLICATION

The undersigned furnishes the following as being a true and correct Statement of Personal and Financial Information. Please fill out all information completely. Failure to complete all portions may cause delay in opening your account and/or processing your order.

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Fed. Tax ID: or Resale # _____

Shipping Address: _____

(if different from above)

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact / Buyer: _____ Phone: () _____

e-mail: _____ Fax: () _____

Website _____

If Sole Owner, please list Sole Owner's Name, Home address and Phone Number: Full Name

Address: _____ State: _____ Zip: _____

Phone: () _____

Sole owner's Soc Security Number: _____ Drivers License # _____

If partnership or Corporation, please list Name, Home addresses & Phone Numbers of all partners:

_____ Phone: _____
 Full Name Address

_____ Phone: _____
 Full Name Address

_____ Phone: _____
 Full Name Address

Type of Business: _____

Date Business started: _____ Date of Incorporation: _____ Years in Business: _____

Accounts Payable Name: _____ Phone: _____

Are you Sale and/or Tax Exempt? yes (please fill out attached resale certificate) no

The following persons are authorized to order or sign on this account:

_____ Full Name

_____ Full Name

Sales Territory:	Date:	Credit Limit:		Mgr Authorization:
	Sales Rep:	Approved:	Declined:	Terms:

Resource Distribution



I authorize Resource Skateboard Dist. to keep my signature on file and to charge my credit card account for orders upon my request. I understand that this authorization is valid per order unless the payment terms are changed by both the merchant and the customer. I also agree to contact the merchant if there are any changes to my credit card account information.

Account Name: _____

Cardholder Name: _____

Credit Card Type (circle one):

Visa MC Amex

V Number: _____
(three digits on the back of the card)

Card Holder Billing Address:

Account Number: _____

Exp: _____

Card Holder Signature: _____