

# DEALER APPLICATION

Web Application  
customerservice@skatenet.com

South Shore Distributing, LLC  
5235 Glenmont Dr.  
Houston, TX 77081  
Phone: 800-580-6802  
Fax: 888-329-0600

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_ Website \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation

If Corporation, is it a Sub  Yes  No Corporate Name: \_\_\_\_\_

STATE Sales Tax ID: \_\_\_\_\_ FED ID# \_\_\_\_\_ # of Employees: \_\_\_\_\_ # of Years in Business: \_\_\_\_\_

BANK INFO: Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Account # \_\_\_\_\_ Type of Account \_\_\_\_\_ Bank Officer \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Have there been any ownership changes in the past 3 years: \_\_\_\_\_ No \_\_\_\_\_ Yes If so, When: \_\_\_\_\_

Please Explain: \_\_\_\_\_

### Owners, Partners, or Corporate Principals:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

# Years at Current Location: \_\_\_\_\_ Business Space: Own?  Rent?  # Square Feet: \_\_\_\_\_

Lease/Mortgage Co: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Lease/Mortgage Co Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person in Accounting: \_\_\_\_\_ Buyer: \_\_\_\_\_ Purchase Order Required:  If so, Written  Verbal

### Please list four current supplier accounts, which you have an active account with:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Acct# \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Acct# \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Acct# \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Acct# \_\_\_\_\_

I (We) authorize you to investigate the above information in order to open an account and/or to accept my (our) check. I (We) hereby apply for COD Check or Certified Funds and promise to indemnify the seller in the event that I (We) or our corporation (if any) fails to pay debt incurred by myself (ourselves) or authorized agents, either personally or on behalf of the above applicant. I (We) understand your payment terms are COD. I (We) agree to pay reasonable attorney's fees in the event legal action may become necessary to collect any money owed to the seller. Applicant's signature also authorizes any charge made to your credit card for delinquent payments, sales and/or restocking fees.

This Signature voids any charge-backs filed. Approval is contingent upon South Shore Distributing's (SSD) discretion and your relationship with any companies within the scope of our distribution chain.

### Returned Goods:

We allow a return on your initial order within the first 60 days and on all orders, 2 days after receipt, should you be dissatisfied for any reason. All returned goods require advance authorization. South Shore Distributing assumes no responsibility for goods returned without authorization.

### Freight:

Orders are shipped FOB Houston, Texas. We ship by U.P.S or best available carrier. Should you have damaged merchandise, it must be reported immediately to the CARRIER. All damaged merchandise claims are handled by the carrier.

### Shortages:

Any shortage you are claiming must be reported within 5 working days of your receipt.

### Warranties:

All used equipment warranties are handled by the manufacturer. Any new product defects are warranted according to the manufacturer's policy or for a period of 30 days from the date of purchase.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner/Partner or Corporate Principle: \_\_\_\_\_