

DEALER APPLICATION

South Shore Distributing, LLC

5005 Gulf Freeway

Houston, TX 77023

Phone: 800-580-6802

Fax: 888-329-0600

Company Name: _____ City: _____

Address: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ e-mail: _____

Type of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation

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

Owners, Partners, or Corporate Principals:

Name: _____ Title: _____ Social Security: _____

Home Address: _____ City/Zip: _____ Phone: () _____

Name: _____ Title: _____ Social Security: _____

Home Address: _____ City/Zip: _____ Phone: () _____

Person in Accounting: _____ Buyer: _____

Purchase Order Required: _____ If so, Written _____ Verbal _____

Sales Tax ID: _____ # of Employees: _____ # of Years in Business: _____

Years at Current Location: _____ Own: _____ Rent Business Space: _____ # Square Feet: _____

Lease/Mortgage Co: _____ Phone: () _____

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

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

Please Explain: _____

Please list four current suppliers, with which you have an account:

Name: _____ Phone: () _____ Account #: _____

Name: _____ Phone: () _____ Account #: _____

Name: _____ Phone: () _____ Account #: _____

Name: _____ Phone: () _____ Account #: _____

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 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.

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 warrantied according to the manufacturer's policy or for a period of 30 days from the date of purchase.

Printed Name: _____

Signature: _____ Date: _____

South Shore Distributing LLC

www.skatenet.com | customerservice@skatenet.com

phone 800:580:6802 | fax 888:329:0600 or 713-926-5191

DATE: _____

To South Shore Distributing

I authorize you to charge my credit card for the wholesale purchased products for

_____ at _____ in _____
Retail Business Name Street Address City

_____ Zip _____
State

Additional Approved Shop Locations (please mark through if none)

Name on Credit Card _____

Credit Card Statement
Billing Address _____
Street Address

_____ City State Zip

Visa _____ MasterCard _____

Credit Card # _____

Expiration Date _____ Security Code _____ (3 digit number on back of card at the
end of the number near your signature)

Cardholder's Signature X _____

Credit Cards will not be charged automatically, the Sales Rep. must have verbal confirmation on every order.
Please print clearly!!