

DEALER APPLICATION

Radial Sports LLC Dealer Application Page 1/1

Business Name _____ Phone # _____
Name of Owner/Principal _____ Fax # _____
List legal corporate name if not the same as above _____
Billing Address _____ City _____ State _____ Zip _____
Shipping Address _____ City _____ State _____ Zip _____
Website Name: _____ E-mail Address: _____

Principal Owner(s):

Full Name _____ Title _____
Home Address _____ City _____ State _____ Zip _____
Home Tel # _____ Cell Phone # _____ Social Security # _____ Birth Date _____
Full Name _____ Title _____
Home Address _____ City _____ State _____ Zip _____
Home Tel # _____ Cell Phone # _____ Social Security # _____ Birth Date _____

Type of Ownership: Sole Proprietorship Partnership Corporation INC

Years under present management _____ Date Business Started _____
Federal I.D. # _____ State Resale # _____
If Corporation: State of incorporation _____ Date incorporated _____
Store Square Footage _____ #Employees _____ Last year's total sales \$ _____
Business space: Rent () or Own () Landlord's/Mortgagor's Name _____
Landlord/Mortgagor's address _____ City _____ State _____ Zip _____ Ph # _____
Use inventory to borrow from your bank? () Yes () No if yes: Name of Bank _____
Address _____ City _____ State _____ Zip _____ Phone # _____
Have you ever filed bankruptcy? () YES () NO If yes, when _____

AGREEMENT: As an owner/officer of my company, I certify that the information provided in this application is correct and agree to make payments in full for all valid purchases.

COPY OF YOUR CURRENT RESALE TAX CERTIFICATE REQUIRED.

Signature of Applicant _____ Title _____ Date _____
Signature of Co-Applicant _____ Title _____ Date _____

CREDIT CARD AUTHORIZATION FORM

Radial Sports LLC Credit Card Authorization Form Page 1/1

Account # (If applicable): _____
Company name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Fax Number: _____

CREDIT CARD BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

Company name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Cardholder's Name (Please Print): _____
Cardholder's Signature: _____
Credit Card Number: _____ Exp. Date: _____
Secondary or Alt CC #: _____ Exp. Date: _____
Driver License # / State: _____

Please Check One: VISA MASTERCARD AMEX DISCOVER

*Card Verification Value (CVV): _____

Please List additional authorized users:

*- For Visa/MC, this is the last three digits of the long number on the back of the card.

*- For American Express cards, this is four digits number on the front of the card.

Note: Please provide a copy of both front and back of card to be used and attach it to this form. Signature on back of the card must match signature on this form.

OFFICE USE ONLY
Last Updated:_____

