

## DEALER APPLICATION

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Year Business Founded: \_\_\_\_\_ Gross Annual Sales: \_\_\_\_\_

Organization Type: LLC / Sole Proprietorship / Corporation / Other \_\_\_\_\_

Location Type: Retail / Office / Warehouse / Website Only / Other \_\_\_\_\_

Location Size: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Does your business location have a showroom? Yes / No \_\_\_\_\_

If 'no', do you plan to have one in the near future? \_\_\_\_\_

Please provide a description of your current business including product lines sold:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Owners and Managers</b>	
Name:	Position:
Name:	Position:
Name:	Position:

**Personal Guarantee - I, \_\_\_\_\_,**  
 an individual, personally guarantee payment of all debts incurred by the company listed herein.

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

**Please also include the following items when submitting this application:**

1. Copy of current & valid Business License
2. Copy of current and valid Resale Certificate/Sales Tax Permit
3. Copy of business card and/or company letterhead
4. Copy of completed C.C. Authorization form

**Failure to include the listed items will result in unnecessary delay with the application process. If you are not able to provide an item listed above, please include an explanation.**



18214 Parthenia St. Northridge, CA 91325

PH: (818) 341-9903 FX: (818) 341-9904

**CREDIT CARD AUTHORIZATION FORM**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (818) 341-9904 or email.

COMPANY NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

Credit Card Type:  
\_\_\_\_\_ VISA    \_\_\_\_\_ MASTERCARD    \_\_\_\_\_ DISCOVER

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_  
                                  \_\_\_\_\_/\_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

**AUTHORIZATION OF CARD USE**

I certify that I am the authorized holder and signer of the credit card referenced above and certify that all information above is complete and accurate.

I hereby authorize EuroStop USA, LLC to use our/ my credit card number with credit card not being present to make purchases.

The Applicant also understands that all invoiced transaction be charged to this credit card number provided above. This authorization is to remain in full force and effect until EuroStop USA, LLC. Has received written notification of its termination.

\* Transaction above \$1000.00 USD will have a 3% C.C Processing Fee.

\* We accept bank wire transfer or company check.

\* Orders will process once payment has been paid for in full.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_