



PIRATE MFG. INC

19014 Donington St.
Glendora, California 91741

Phone: 626-617-1495

Fax: 626-236-4139

E-mail: sales@piratemfg.com

Application and Agreement

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

How Long in Business: _____ Resale #: _____

Email address: _____ Signature of Official: _____

Type of Business: (check all that apply.) How Long in Business: _____

Corp: _____ Partnership: _____ Individual: _____ Other: _____

Franchised Dealer: _____ Independent Shop: _____

Owner or partner's home address:

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Financial Information:

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Account: _____

Account Number: _____ Avg Bal: _____

Suppliers you are currently doing business with:

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

PERSONAL GUARANTEE:

If the credit customer is a corporation or limited liability company (LLC or LLP), then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation or limited liability company.

PERSONAL GUARANTEE AKNOWLEDGED AND UNDERSTOOD:

SIGNATURE OF CORPORATE OR LLP/LLC OFFICER

PRINT NAME TITLE

If any legal action, including an action for declaratory relief, is brought to enforce or interpret the provisions of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees from the other party.

FOR CALIFORNIA RESELLERS ONLY:

PLEASE COMPLETE THE CALIFORNIA RESALE INFORMATION:

RESALE CERTIFICATE	
Name of Purchaser: _____	
Address of Purchaser: _____	
I HEREBY CERTIFY: That I hold valid seller's permit No. _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling: _____	
that the tangible personal property described herein which I shall purchase from: _____	
will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.	
Description of property to be purchased: _____ _____ _____	
Date: _____	Printed name of Purchaser: _____
Phone: () _____	By and Title: _____
(Signature of Purchaser or Auth. Agent)	
REDIFORM 5C001	

Office use only:				
Date Open	Account #	Approved By	Credit Limit	Notes
_____	_____	_____	_____	_____



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Dear Pirate Mfg. Inc. Applicant,

We at Pirate Mfg. Inc. rely on our network of approved resellers for success. To ensure a business relationship that is beneficial to everyone, we require that certain conditions be met before a new dealer is approved.

1. Qualifications:

- a. Your business must be established in a legitimate commercially zoned environment.
- b. You must have a valid business license and resale permit.
- c. Your business must keep regular business hours.

2. Application Materials:

Like you, we take our business seriously. It is important that you supply all of the information requested. Please take the time to read and complete all aspects of your application.

- a. A fully completed **Application** with Original Signatures.
- b. A copy of your **Business License**.
- c. A copy of your **Sales Tax Permit**.
- d. **Copies of Invoices of Suppliers**
- e. **Photos of your store.** Photos should include exterior shots showing address and signs, and interior shots that show fixtures, displays and showroom area.
- f. Your **Business Phone listing** from the phone book if available.
- g. If you are applying within the state of California, a **signed resale card** is required by the state if you are claiming a tax exemption status. ***A card has been sent to you with this application. Please complete the card and mail it back with your application.***

To ensure that your business and both our reputations are protected, we must insist that all items listed above be completed, supplied and returned with your application all at the same time.

After the completed application package is received, you will be notified of your acceptance as a Pirate Mfg. Inc. reseller and will be issued an account number. Using this number while placing orders will help speed your order to you and will avoid confusion among similarly named businesses.

3. Terms:

- a. Please allow 7-10 working days for approval.
- b. All accounts for the first 6 months will be paid by either credit card or C.O.D. by certified check or money order. International accounts are to prepay by either bank wire or credit card.
- c. Any claims arising out of or in connection with the terms of this Agreement or the performance thereof shall be adjudicated by a court with jurisdiction in the County of Los Angeles, State of California.
- d. If any legal action, including an action for declaratory relief, is brought to enforce or interpret the provisions of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees from the other party.

The foregoing terms are understood and agreed to:

SIGNATURE OF APPLICANT

DATE

PRINT NAME OF APPLICANT



**PIRATE MFG. INC.
CREDIT CARD AUTHORIZATION FORM**

Instructions: This form is to be completed by an authorized credit card holder for card described below. By completing this form you agree to all of the conditions set forth. In order to process your order efficiently, please fill in all blank spaces as required. Thank you.

Visa Mastercard American Express DISCOVER

Credit Card number: - - - VID Code:

Expiration Date: (Month) (Year)

Name As It Appears On The Credit Card: _____

Cardholder's Billing Address As Listed With Credit Card Company: _____

City: _____ State: _____ Zip Code + 4 _____

Authorized Signature: _____ **Date:** _____

If the name on the credit card is in the name of a corporation or other business entity, please print the signer's name:

Optional:

Day telephone number: _____ Fax number: _____

Please note, omission of information may cause delay in the processing of your request.