



DOUBLEKROSS

DISTRIBUTION, INC.

3052 INDUSTRY ST. SUITE 105 | OCEANSIDE, CA 92054 | 760.472.3334

USA Dealer Application

Business Contact Information:

Contact Name:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

State Resale Number (please include copy of Seller's Permit):

Sole proprietorship:

Partnership:

Corporation:

Other:

Billing Information (if different from above):

Bill to address:

City:

State:

ZIP Code:

Country:

Ship to address (if different than Bill to):

Preferred shipping method and freight account #:

Preferred payment method: Check/Credit Card/Wire Transfer:

Business/trade references:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Agreement:

As an owner/officer of my company, and an applicant applying for credit or other business transactions, I certify that the information provided in this application is correct and agree to make payments in full for all valid purchases. By signing and submitting this credit application, I hereby grant Doublekross Distribution, Inc. (a California corporation) a Purchase Money Security Interest in all of its current and future inventory, including without limitation all of its inventory of products purchased from Doublekross Distribution, Inc. and all proceeds of the same and further grant Doublekross Distribution, Inc. limited power of attorney to execute one or more financing statements, amendments, continuations and termination statements pursuant to the Uniform Commercial Code of the state in which retailer is conducting business, satisfactory to Doublekross Distribution, Inc. This power of attorney is limited solely to the powers stated herein. Financial statements may also be required. By signing below, and in consideration for the credit extended me by Doublekross Distribution, Inc. the undersigned hereby agrees to the following terms and conditions: We agree to pay all invoices rendered by Doublekross Distribution, Inc. within 30 days from invoice date, unless other arrangements have been made in writing to the dealer/retailer by Doublekross Distribution, Inc. If we fail to pay by the due date, we agree to pay an interest rate of 1.5% per month (or maximum allowed by law) calculated on a simple basis on the amount of the invoice. If Doublekross Distribution, Inc. is required to take legal action to enforce payment, we agree to pay costs including reasonable attorney's fees and collection costs, or, at the option of Doublekross Distribution, Inc. a specific sum of the total amount due, provided that this provision of attorney's fees and collection costs is void where prohibited by applicable laws. The undersigned certifies that he/she is authorized to execute this document and that all statements are true and correct. Verification may be obtained from any source named in this application. I/we authorize my/our creditor(s) and financial institution(s) such information as Doublekross Distribution, Inc. shall request for the purpose of verification of any information or statements contained in this application and that a copy of this authorization may be used to obtain such information. I/we hereby authorize Doublekross Distribution, Inc. to provide information contained herein to other credit reporting services and suppliers. If the credit customer is a corporation, partnership, or an LLC, then those signing this application, whether signing as an officer or not, personally guarantee payment for all products purchased on credit by the corporation, partnership, or LLC. Completion of this application does not assure applicant will be extended open credit terms. I/We hereby agree to comply with the terms of this agreement and all applicable laws. All invoices are to be paid by Wire Transfer or Credit card before shipment leaves Doublekross Distribution, Inc. Payment for invoices paid by check must clear prior to products being shipped. By submitting this application, you authorize Doublekross Distribution, Inc. to make inquiries into the business/trade references that you have supplied.

Signatures:

Title:
Date:

Title:
Date: