

Absolute Sports, Inc.

16921 S. Western Avenue, Suite 112
Gardena, CA 90247
310-225-2717
310-388-0833 Fax

E-mail: andy@checkitproducts.com

www.checkitproducts.com

DEALER APPLICATION

Business Name: _____

Ship to Address: _____

Business *or* Residential Area

Bill to Address: _____

Business Telephone: (____) _____ - _____ Fax No: (____) _____ - _____

E-Mail: _____ Website: _____

Home Address: _____

Date Business was Established: _____

I agree to receive faxes from Absolute Sports, Inc. Yes *or* No

Business Description: _____

Business is: Individual Partnership Corporation LLC Date Business Established: ____/____/____

Federal ID#: _____ Resales Tax ID#: _____

Number of Employees: _____ Estimated Monthly Purchases: _____

Officer/Owner: Name, Title, and Social Security No.

Name	Title	S.S. No.
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Bank Name: _____ Phone: (____) _____ - _____

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

Contact: _____ Fax: (____) _____ - _____

Checking Account No.: _____

Trade References (must provide at least 3 references)

Company Name, Address, Contact Person, Phone No:

1. _____ (____) _____ - _____

2. _____ (____) _____ - _____

3. _____ (____) _____ - _____

CREDIT CARD YOU WOULD LIKE TO KEEP ON FILE AND/OR USE FOR PURCHASES:

Credit Card Type: ___ Visa ___ Master Card ___ AMEX ___ Discover

Account #: _____ Expiration Date: ____/____/____

Name that appears on Card: _____ Cardholder's Signature: _____

*** For payment by CREDIT CARDS, a 3% credit card processing fee will be added to the invoice. 5% charge for international CREDIT CARDS.*



Absolute Sports, Inc.

THE CARDHOLDERS' SIGNATURES ON PREVIOUS PAGE (PAGE 1) EVIDENCE THE RESPECTIVE CARDHOLDERS' CONSENT AND AUTHORIZATION FOR ABSOLUTE SPORTS, INC. TO CHARGE AND/OR MAKE DEMAND ON SAID CREDIT CARD IN THE EVENT THAT:

- A CHECK IS RETURNED FOR INSUFFICIENT FUNDS AND PAYMENT IS NOT MADE WITHIN FIVE DAYS AFTER WRITTEN OR VERBAL DEMAND
- PAYMENT IS NOT MADE WITHIN FIVE DAYS AFTER WRITTEN OR VERBAL DEMAND ON AN ACCOUNT THAT IS DUE AND OWING.

I certify that the information herein given is correct and complete and I agree to permit Absolute Sports, Inc. to take whatever steps necessary, including checking credit to confirm credit worthiness. It is further understood that Absolute Sports, Inc. will rely on this information in accepting personal and business checks for packages sent COD terms and that all purchases shall be governed by the terms and conditions contained in the TERMS OF SALE AGREEMENT stated below.

Date: ____/____/____

Signature: _____ Applicant: _____ Title: _____
Print

TERMS OF SALE AGREEMENT

1. First time COD order MUST be shipped COD Money Order.
2. All checks returned to ABSOLUTE SPORTS, INC. for any reason shall be subject to a \$35.00 returned check fee.
3. Any Applicant that has a check returned to ABSOLUTE SPORTS, INC. for insufficient funds more than two (2) times shall be placed permanently on a Cash/Cashiers Check/Money Order basis.
4. ABSOLUTE SPORTS, INC. has the right to recover merchandise sold to Applicant after acquired merchandise acquired by Applicant, if a check is returned for insufficient funds, a "stop payment" is issued on a check and/or upon the failure to submit payment on a delinquent account.
5. Applicant agrees to pay all invoices according to the terms of each invoice. Applicant further acknowledges and consents to the addition of a 1.5% interest/service charge per month on all delinquent, unpaid balances. Under no circumstances, however shall the interest/service charge exceed lawful rates.
6. In the event Applicant fails or refuses to make payment in accordance with invoicing /shipping terms and/or otherwise violates any of the provisions of the Agreement, ABSOLUTE SPORTS, INC. shall be entitled to recover the reasonable expenses incurred for the cost of collection, including but not limited to attorney's fees, cost of suit, filing fees and mailing expense, which shall be added to the unpaid balance of the Applicant's account.

I have read and consent to the terms and conditions stated herein.

SIGNATURE: _____ APPLICANT: _____ DATE: _____

PLEASE INCLUDE A COPY OF YOUR CURRENT RESALE CERTIFICATE / TAX DOCUMENTS, A COPY OF YOUR BUSINESS LICENSE AND A PHOTO OF YOUR RETAIL STORE FRONT.

***** YOU MUST HAVE A RETAIL STORE FRONT TO ESTABLISH A WHOLESALE ACCOUNT WITH ABSOLUTE SPORTS, INC.**

