

# Wholesale Application



Company Name: \_\_\_\_\_ City: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Business: Sole Proprietorship Partnership Corporation  
If Corporation, is it a sub Yes No Corporate Name: \_\_\_\_\_

## Owners, Partners, or Corporate Principals:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Person in Accounting: \_\_\_\_\_ Buyer: \_\_\_\_\_ Purchase Order Required: Yes No  
If Yes: Written Verbal Sales Tax ID: \_\_\_\_\_ # of Employees: \_\_\_\_\_ # of Years in Business: \_\_\_\_\_  
# Years at Current Location: Own: Yes No Rent Business Space: Yes No # Square Feet: \_\_\_\_\_

## Please list four current suppliers, with which you have an account:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Account #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Account #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Account #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Account #: \_\_\_\_\_

I (We) authorize you to investigate the above information in order to open an account and or to accept my (our) check. I (We) agree to pay reasonable attorney's fees in the event legal action may become necessary to collect any money owned to the seller.

**Returned Goods:** We allow a return on your initial order within the first 30 days and on all orders, 2 days after receipt, should you be dissatisfied for any reason. All returned goods require advance authorization and will incur a 15% restocking fee.

Zephyr Sports Inc. assumes no responsibility for goods returned without authorization.

**Freight:** Orders are shipped FOB Ventura, California. We ship by FedEx or best available carrier. Should you have damaged merchandise, it must be reported immediately to the CARRIER. All damaged merchandise claims are handled by the carrier.

**Shortages:** Any shortage you are claiming must be reported within 5 working days of your receipt.

**Warranties:** All used equipment warranties are handled by the manufacturer. Any new product defects are warrantied according to the manufacturer's policy or for a period of 30 days from the date of purchase.

Printed Name: \_\_\_\_\_

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

Fax this completed form to **805-293-8717** along with your resale certificate and business license.