

THE MERRY SALES CO.

NEW DEALER APPLICATION

1415 San Mateo Ave South San Francisco, CA 94080 Tel: 650-871-8870 Fax: 650-589-1222

NAME-ADDRESS-PHONE

Exact Legal Name of Firm _____
DBA (if applicable) _____
Email _____ Web Site _____

Billing Address:

Address _____ City _____
State, ZIP _____ Phone _____ Fax _____

Shipping Address: (if different from billing)

Address _____ City _____
State & ZIP _____ Phone _____ Fax _____

BUSINESS INFORMATION

Kind of Business (Cyclery, Sporting Goods, etc.)

Cyclery : Must have retail location (include photo of storefront)

List bike lines carried

Frame Builder: List stocking dealers, forms of advertising, include copies, photos of mfg.

Facility

Other: Explain _____

Form of Business:

Sole Proprietorship _____ Partnership _____ LLC _____ Corporation _____

Length of time owned by present owner _____ State and Date of Incorporation _____

City or Local Business License Number _____

TRADE REFERENCES

Name _____ Phone _____

Street _____ Fax _____

City, State, Zip _____

Name _____ Phone _____

Address _____ Fax _____

City, State, Zip _____

Name _____ Phone _____

Address _____ Fax _____

City, State, Zip _____ Phone _____

Name _____ Phone _____

Address _____ Fax _____

City, State, Zip _____

PRINCIPALS (list name of proprietor, all partners, all officers and shareholders of corporation. If required, list additional names on a separate sheet.)

Name and Title _____ Social Security No. _____

Home Address _____ % of Company owned _____

Name and Title _____ Social Security No. _____

Home Address _____ % of Company owned _____

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Home Address _____ % of Company owned _____

Name and Title _____ Social Security No. _____

Home Address _____ % of Company owned _____

CITY or LOCAL BUSINESS LICENSE #:

If you are not requesting open account you can skip "Bank Reference" and "Purchasing and Financial Information" sections.

BANK REFERENCE

Bank Name and Office _____

Bank Address _____

Bank Officer _____ Their phone number _____

Your Bank Account Number(s) _____

PURCHASING AND FINANCIAL INFORMATION

Terms Requested: Credit Card COD Open Account: Amount of Credit Requested \$ _____

Please list and describe UCC filings or other liens or pledged assets. If none, please state "None"

Contact for Accounts Payable _____

Names and titles of persons authorized to purchase _____

A current financial statement is required for open account terms if this is a new business or if the Business has new owners.

RESALE CERTIFICATE

I HEREBY CERTIFY, that I have a valid **Seller's Permit No.** (Required) _____ 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 **The Merry Sales Company** will be resold by me in the form of tangible personal property provided, however, that in the event of any such property 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 the Sales and Use Tax Law to report and pay the tax, measured by the purchase price of such property. The description of Property to be purchased is: **Bicycles, Bicycle Parts, Bicycle Accessories, Bicycle Tools and Bicycle Shop Supplies**

AGREEMENT

I/We wish to purchase merchandise from **The Merry Sales Co.** based on information submitted above which to the best of my/our knowledge is true and correct and in consideration of the sales of merchandise by **The Merry Sales Co.** to me/us, I/we agree to pay any and all court costs, attorney's fees and/or any additional sums which might be incurred by **The Merry Sales Co.**, in the event such expenses should be necessary in the collection of any amounts owed to **The Merry Sales Co.** and I/we further agree that if my/our account at any time becomes over 30 days past due an interest charge of 1.5% per month, or the legal rate of interest, whichever is higher, can be levied on the delinquent portion. I/we also grant you permission to contact our trade references and obtain business credit reports from credit reporting agencies for the purpose of verifying my/our credit standing now, and from time to time in the future, as conditions may require. I/we have also received a copy of the Policies and Conditions of Sale of **The Merry Sales Co.** and understand and agree to comply with them, or as they may be amended by subsequent written notice unless I/we, in turn, give written notice to **The Merry Sales Co.** of my/our decision not to comply.

SIGNATURES OF SOLE PROPRIETOR, ALL PARTNERS, OR AUTHORIZED OFFICER

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Please E-MAIL, FAX or MAIL this form to:
THE MERRY SALES CO.
1415 SAN MATEO AVENUE, SO.S.F., CALIF. 94080
PHONE 650-871-8870 FAX 650-589-1222
mary@merrysales.com