

SOL EFFECT ENTERPRISES

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DEALER APPLICATION

Firm Name: _____

Dbas _____

Address _____

City _____ State _____ Zip _____

Store Tel _____ Fax _____ Email _____

Resale Permit Number: _____ Years in Business _____

Corporation Sole Proprietorship Partnership LLC

Owner's Name _____ Auth. Buyer(s) _____

Home Address _____ Driver's Lic. # _____

Home Phone _____ Soc. Sec. # _____

Type of Store: IE: Skate, Surf, Sporting Goods _____

Shop Location: shopping mall Strip Mall other _____

If more than one retail store location, please list below the address phone and contact name

Do you currently sell on-line? ____ if yes, please provide web address _____

If not do you plan to sell on line? _____

BANK INFORMATION

Name of bank _____ City _____ State _____ Phone: _____

Type of Account: Checking Savings

Credit Card Information Visa Master Card American Express

Card Number _____ Expiration Date _____

Bank Customer Service Phone # _____ Name as it Appears on Card _____

Credit Card Bill to Address _____

CREDIT CARD INFORMATION IS CONFIDENTIAL AND KEPT ON FILE IN A SECURE PLACE.