

Dear Spirit Mountain Dealer Applicant,

We at Spirit Mountain rely on our network of approved dealers for success. To ensure a business relationship that is beneficial to everyone, we require that certain conditions be met before a new dealer is approved.

1. Qualifications:

- a. Your business must be established in a legitimate commercially zoned environment.
- b. You must have a valid business license and resale permit.
- c. Your business must keep regular business hours.

2. Dealer Application Materials:

Like you, we take our business seriously. It is important that you supply all of the information requested. Please take the time to read and complete all aspects of your application.

- a. A fully completed **Dealer Application** with Original Signatures.
- b. A copy of your **Business License**.
- c. A copy of your **Sales Tax Permit**.
- d. **Copies of Invoices from three Suppliers**
- e. **Photos of your store.** Photos should include exterior shots showing address and signs, and interior shots that show fixtures, displays and showroom area. *(Photos can be emailed to sara@spiritmountainart.com)*
- f. Signed Personal Guarantee *(on page two of application)*
- g. Your **Business Phone listing** from the phone book if available.
- h. **Consent Signature** to receive fax/email specials *(on page two of application)*.
- i. If you are applying within the state of California, a **signed resale card** is required by the state if you are claiming a tax exemption status. **A card has been sent to you with this application. Please complete the card and mail it back with your application.**

To ensure that your business and both our reputations are protected, we must insist that all items listed above be completed, supplied and returned with your application all at the same time. After the completed application package is received, you will be notified of your acceptance as a Spirit Mountain Art dealer.

3. Terms:

- a. Minimum opening dealer order is \$500.00 at dealer cost.
- b. Please allow 7-10 working days for approval.
- c. All accounts for the first 6 months will be paid by either credit card or C.O.D. International Dealers are to prepay by either bank wire or credit card.

Dealer Application

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: (If different from above) _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Tax I.D. #: _____ Resale #: _____

Email address: _____

Type of Business: (check all that apply) How Long in Business: _____

Corp: _____ Partnership: _____ Individual: _____ Other: _____

Franchised Dealer: _____ Independent Shop: _____ Yamaha: _____

Harley: _____ Honda: _____ Kawasaki: _____ Suzuki: _____

Owner or partner's home address:

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Social Security #: _____ Signature of Official: _____

Suppliers you are currently doing business with:

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name/Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Financial Information:

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Account: _____

Account Number: _____ Avg Bal: _____

PERSONAL GUARANTEE:

If the credit customer is a corporation or limited liability company (LLC or LLP), then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation or limited liability company.

PERSONAL GUARANTEE ACKNOWLEDGED AND UNDERSTOOD: (MUST BE SIGNED)

SIGNATURE OF CORPORATE OR LLP/LLC OFFICER

CONSENT TO RECEIVE FAX/EMAIL SPECIALS:

From time to time we will offer specials on our pricing. We either notify our Dealers via Email or fax. Please check the appropriate box for your participation.

YES, I would like to receive fax/email specials from SPIRIT MOUNTAIN.

NO, I do not want to receive fax specials from SPIRIT MOUNTAIN.

*****FOR CALIFORNIA DEALERS ONLY:*****

PLEASE COMPLETE THE CALIFORNIA RESALE INFORMATION:

RESALE CERTIFICATE	
Name of Purchaser: _____	
Address of Purchaser: _____	
I HEREBY CERTIFY: That I hold valid seller's permit No. _____ 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:	

will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is 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 Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.	
Description of property to be purchased: _____	

Date: _____	Printed name of Purchaser: _____
Phone: () _____	By and Title: _____
(Signature of Purchaser or Auth. Agent)	
REDIFORM 5C001	

CREDIT CARD AUTHORIZATION FORM

Instructions: This form is to be completed by an authorized credit card holder for card described below. By completing this form you agree to all of the conditions set forth. In order to process your order efficiently, please fill in all blank spaces as required. Thank you.

Visa Mastercard American Express Novus

Credit Card number: - - - VID Code:

Expiration Date: (Month) (Year)

Name As It Appears On The Credit Card: _____

Cardholder's Billing Address As Listed With Credit Card Company: _____

City: _____ State: _____ Zip Code+4 _____

Authorized Signature: _____ **Date:** _____

If the name on the credit card is in the name of a corporation or other business entity, please print the signer's name: _____

Optional:

Daytime phone number: _____ Fax number: _____

Please note, omission of information may cause delay in the processing of your request.