



DEALER APPLICATION

APPLICANT: *(please print clearly)*

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Email: _____

Type of Business: Corporation Individual Co-Partnership Limited Partnership

State Contractor's License: _____ No. of Years Established: _____

Federal ID #: _____ Tax Exempt #: _____

IF BILLING ADDRESS IS DIFFERENT FROM ABOVE, PLEASE LIST BELOW:

Address: _____

City: _____ State: _____ Zip Code: _____

CARD TYPE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Card: _____

Card Number _____

Security Number: _____ Expiration Date: ____/____/____

I have read the terms and conditions. I hereby authorize Spaccessories to charge my credit card upon shipment of my orders. I also agree to the following: I agree that any disputed charge, request for chargeback or adjustment will first be reported to Spaccessories within 45 days of the transaction. Spaccessories will have ten business days to resolve the dispute with your company. If I fail to dispute the charge, or request a chargeback within 45 days after payment, it constitutes a waiver of any rights to chargeback the payment. In the event Customers' account is placed for collection, Customer agrees to pay all collection and/or attorney's fee and court costs.

Signature: (signer on card) _____ Date: _____



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

CARD TYPE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Cardholder Name (as shown on card): _____

Card Number: _____

CVV / CVV2 Number: _____ Expiration Date: _____ / _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Spaccessories to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date