



# RESELLER ACCOUNT

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BUSINESS INFORMATION		DESCRIPTION OF BUSINESS	
NAME OF BUSINESS		NO. OF EMPLOYEES	IN BUSINESS SINCE:
LEGAL (IF DIFFERENT)		<b>BUSINESS STRUCTURE</b> <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY PARENT COMPANY: <b>SALES AVENUES: (check all that apply)</b> <input type="checkbox"/> INTERNET <input type="checkbox"/> RETAIL/SHOWROOM <input type="checkbox"/> MAGAZINE/MAIL ORDER <input type="checkbox"/> WHOLESALE DISTRIBUTOR	
ADDRESS			
CITY			
STATE / ZIP			
E-MAIL		<b>WEBSITE ADDRESS:</b>	
STATE RESELLER PERMIT (FL) #:		<b>PHONE / FAX NUMBERS:</b>	
		FEDERAL TAX ID #:	
<b>*IMPORTANT: PLEASE ATTACH A COPY OF BUSINESS AND TAX LICENSE WITH THIS APPLICATION</b>			

COMPANY PRINCIPALS/OFFICERS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME:	TITLE:	EMAIL:	PHONE/EXT:
PURCHASING AGENT NAME:		EMAIL:	PHONE/EXT:

CREDIT CARD INFORMATION	
CARD HOLDER'S NAME:	BILLING ADDRESS:
CREDIT CARD NUMBER:	EXPIRATION DATE:
CARD TYPE:	AUTHORIZING SIGNATURE
	X:
<b>* PLEASE ENTER CVV-CODE (last 3-digit number in the signature box on back of card)</b>	

### POLICY AGREEMENT

*I hereby certify that the information in this reseller account application is correct. The information included in this document is to be used to determine the qualification of this company as an official reseller of the Abyss Battery product line. I hereby accept to comply with all the policies and conditions of sale provided by Abyss Battery, Inc. and understand that any violation of these policies and conditions could lead to cancellation of my account. I authorize the use of payment provided to secure or settle account balances and invoices. I comply with account limits and terms and conditions of account.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: x \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ABYSSBATTERY®, INC.** Marine Products and Services

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