

RESELLER ACCOUNT



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BUSINESS INFORMATION			DESCRIPTION OF BUSINESS		
NAME OF BUSINESS			NO. OF EMPLOYEES	IN BUSINESS SINCI	Ē:
LEGAL (IF DIFFERENT) ADDRESS			BUSINESS STRUCTURE O CORPORATION O PARTNERSHIP O SOLE PROPRIETORSHIP O DIVISION/SUBSIDIARY PARENT COMPANY: SALES AVENUES: (check all that apply) O INTERNET		
CITY			o RETAIL/SHOWROOM o MAGAZINE/MAIL ORDER o WHOLESALE DISTRIBUTOR		
STATE / ZIP			WEBSITE ADDRESS:		
E-MAIL			PHONE / FAX NUMBERS:		
STATE RESELLER PERMIT (FL) #:			FEDERAL TAX ID #:		
*IMPORTANT: PLEASE ATTACH A COPY OF BUSINESS AND TAX LICENSE WITH THIS APPLICATION					
COMPANY PRINCIPALS/OFFICERS RESPONSIBLE FOR BUSINESS TRANSACTIONS					
NAME:	TITLE:	EMAIL:			PHONE/EXT:
PURCHASING AGENT NAME: EMAIL		EMAIL:			PHONE/EXT:
CREDIT CARD INFORMATION					
CARD HOLDER'S NAME:			BILLING ADDRESS:		
CREDIT CARD NUMBER:			EXPIRATION DATE:		
)			AUTHORIZING SIGNATURE		
			X:		
* PLEASE ENTER CVV-CODE (last 3-digit number in the signature box on back of card)					
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				Dat	te: /