



## **DEALER APPLICATION**

## \*IMPORTANT PLEASE READ\*

To complete your authorization as a dealer with Xprite USA please create an account at <a href="www.Xpriteusa.com">www.Xpriteusa.com</a> and submit this application along with a copy of your sellers permit and business license to <a href="www.Xpriteusa.com">Wholesale@xpriteusa.com</a>. You will be notified once your account has been completed.

\*Do not order before you are notified of the completion of your account. You will not receive dealer prices until you are contacted that you are an authorized dealer.

Company Name:			
D.B.A:			
Phone:	F	-ax:	
Website:			
Owner's Name:			
Purchaser Name:			
Wholesale login (Email): _			
Contact Email:			
o Sole Proprietorship	o Partnership o	Other o Corporation	o LLC
Year Established:	EIN#		
Sales Tax #:			
Seller Permit #:			(Copy must be provided)
Amazon / eBay Account N	ame:		·
(If you are planning to sell team. If not, please disreg		ide your seller info to avoid bein	g claimed by our operation
Items of Interest (Check a	ll that apply)		
O Jeep Lights & Parts	o Truck/SUV Parts	o Motorcycle Lights	o ATV/UTV Parts
O Overland	o Off-Road/ Work Lights	o Strobe Lights & Sirens	O Aftermarket Lights
O Accent Lighting	o Accessories		
Other:			
Estimated Purchase Amou	nt Per Month:		
Date:	Signature:		
Title of Signee			

## **Credit Card on File**

Card #:		
Name on Card:		
Expiration:		
 I,	, authorize Xtreme Inc/Xprite USA to charge my credit card above	for agreed
	ormation will be saved on file for future transactions on my account.	_
Signature:	Date:	

It is agreed that all Products distributed by Xtreme Inc. will be based on these terms and conditions and that all account balances will be payable to Xtreme InC 13825 Benson Ave, Chino, CA 91710. Buyer certifies that all information in here is correct and that credit terms are fully understood. Buyer guarantees payment of all accounts receivable held by Xtreme INC, including interest on delinquent accounts. Buyer understand that interest will be charged on past due balances at a rate of 1.5% per month (annual rate of 18%) and agrees to be responsible for all fees associated to legal actions or collection proceedings. All goods remain property of Xtreme INC until Paid in full.

Xtreme Inc. 13825 Benson Ave. Chino, CA 91710 (626)899-4398

## **California Resale Certificate**

I HEREBY CERTIFY:					
1.	I hold valid seller's permit number:				
2.	I am engaged in the business of selling the following	m engaged in the business of selling the following type of tangible personal property:			
3.	This certificate is for the purchase fromlisted in paragraph 5 below.	of the item(s) I have [Vendor's name]			
4.	4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.				
5.	Description of property to be purchased for resale:				
6	I have read and understand the following:				
	For Your Information: A person may be guilty of 6094.5 if the purchaser knows at the time of purchase (other than retention, demonstration, or display certificate to avoid payment to the seller of an amount of the seller	a misdemeanor under Revenue and Taxation Code sections to the that he or she will not resell the purchased item prior to are while holding it for resale) and he or she furnishes a resant as tax. Additionally, a person misusing a resale certificate liable, for each purchase, for the tax that would have been whichever is more.			
NA	ME OF PURCHASER				
SIC	SNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRE	ENTATIVE			
PR	NITED NAME OF PERSON SIGNING	TITLE			
<u> </u>	DRESS OF PURCHASER				
AD	DREGG OF FUNCTIONER				
TE	LEPHONE NUMBER	DATE			