



AeroForce Technology, Inc. United States Wholesale Account Application

If outside the US, please email Sales@AeroForceTech.com for International Application

Thank you for your interest in becoming an Authorized AeroForce Technology Dealer.

To enable us to better understand your business please complete the request to become AeroForce Technology, Inc. wholesale supplier "Dealer" form below and once completed please email the form to Sales@AeroForceTech.com. Please note there is a \$600 minimum buy in which is noted in the price guide

When we receive your application, we will review it to make sure your business fits with our product lineup and we will notify you once it is approved. Upon approval we will send you the pricing and application guides. You will then be able to place your first order keeping the \$600 minimum in mind.

AeroForce Technology, Inc. defines an Authorized AeroForce Dealer "Dealer", as a business establishment conducting business in the automotive service repair sector and/or retailing automotive product directly to consumers (end-users). When dealer pricing is granted, it is done so in expectation of increased sales to consumers of AeroForce Technology, Inc. products.

As a manufacturer and supplier of automotive electronic products it is our goal to offer only the highest quality products at an affordable price while ensuring a consistent profit margin for our Authorized AeroForce Technology, Inc. Wholesale Dealer consumers.

It has become increasingly important to AeroForce Technology, Inc. to preserve and maintain our brand, product image and our exclusive patent technology so we require our Authorized Dealers to use our AeroForce Logo when displaying our products. We will send you the official AeroForce logos once you are approved as a Dealer.

It is our hope that by following this strategy each authorized AeroForce Technology, Inc. Dealer marketing AeroForce Technology, Inc. products at suggested retail or no lower than minimum advertised price (MAP) prices will receive the highest profit margins possible.

Please complete the form below, thank you.



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Company Information

Company Name:

*Authorized to Purchase Full Name:

Company Address: City: State: Zip Code:

Phone: Fax: *Purchasers email:

Company Website Address:

Date Business commenced:
Sole Proprietorship Partnership Corporation Other

Business

Type – check one

Retail Store Internet Retailer Distributor

Billing Information

Name on Card: Card Type (no AMEX please): M/C VISA

Credit Card Number Expiration Date: Security Code:

Shipping

Information

Shipping Address: City: State: Zip Code:

Phone: Fax: email:

Documents Required to Accompany Application

Copy of Business License
Copy of State's Sales Tax Certificate

Authorized to Sign for Company

Signature: Date:

Print Full Name:

Title: