



WHOLESALE APPLICATION

STORE CONTACT INFORMATION			
Store Name		Ship To	
Contact		Name	
Company Name		Address	
Address		City	
City		State, Zip	
ST, Zip		Send all correspondence to: Kaleb Kinetic PO Box 614 York, ME 03909 kaleb@surthrival.com 207-850-1106	
Phone Fax			
E-mail			
Country			
BILLING INFORMATION			
EIN Or Tax ID #		<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> Discover
Title		<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Company Name		<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Wire Transfer
Address		Credit Card # _____	
City		Expiration _____ Code _____	
ST, Zip		Signature _____	
Phone Fax			
Country			
Where and how do you intend on selling our products?			
List any additional locations?			
List some brands you story currently carries?			
Additional Information			

1. All invoices are to be paid 30 days from the date of the invoice.
2. By signing this form, I attest that the information I provided is true, accurate, and can be verified.
3. By submitting this application, you authorize Surthrival, LLC to make inquiries into the business.
4. By signing this form, you agree that Surthrival, LLC may charge your credit card for any and all orders placed by your company.

Signature

Date