

MARATHON[®]

www.marathonpro.com

info@marathonpro.com

Fax: (213) 488 0884

DEALER APPLICATION

NEW _____ UPDATE _____

Company's Legal Name: _____

DBA: _____ Date Business Started: _____ In which State: _____

Type of Ownership: _____ Corporation: _____ Sole Proprietorship: _____ LLC: _____

If incorporated, State of Incorporation: _____

State Tax Resale Number: _____ from which State: _____

RESALE TAX CERTIFICATE MUST BE ATTACHED TO YOUR APPLICATION

Buyer's Name: First (required) _____ Last: (required) _____

Business Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____ Contact for Accounts Payable: _____

Store front? Yes _____ No _____ Website? Yes _____ No _____ URL: _____

What type of business? Wholesale _____ Retail _____ Contractor _____ Installation _____ Ecommerce: _____ Other: _____

OWNERSHIP INFORMATION:

1) Title: _____

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Social Security # : _____

Email Address: _____

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CREDIT CARD AUTHORIZATION FORM

I HEREBY AUTHORIZE MARATHON TO KEEP MY SIGNATURE ON FILE AND TO CHARGE/DEBIT MY CREDIT CARD FOR ON ALL MY ORDERS AND ANY OTHER OVER DUE BALANCES IN THE FUTURE.

I UNDERSTAND THIS FORM IS VALID UNLESS I CANCEL THE AUTHORIZATION THROUGH WRITTEN NOTICE TO MARATHON BY CERTIFIED MAIL.

MASTERCARD

VISA

DISCOVER

AMERICAN EXPRESS

1. CREDIT CARD NUMBER _____ EXPIRES _____ CSV _____
(Card Security Value)

Credit Card Signature Authorization: _____

I UNDERSTAND THAT MY SIGNATURE ON THIS CONTRACT WILL SERVE AS MY AUTHORIZED SIGNATURE ON THE CREDIT CARD SLIP.

Note: for multiple credit cards please fill out more authorization forms as needed

Company Name as it appears on the card: _____

First, Last Name as it appears on the card: _____

Billing address the card: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

Being the Cardholder or Corporate Officer, by signing below I understand and agree to the terms & conditions set forth by MARATHON and agree to pay and specifically authorize MARATHON to charge my credit card on all orders for the products and services provided. MARATHON will provide me with an Invoice statement detailing all of my charges. Returned goods or cancelled orders are subject to a 20% re stocking fee, Less shipping charges. A finance charge of 1.5% per month will be charged to past due accounts not paid with in terms plus any collection cost including attorney fees.

I certify that all information on this application is true and accurate.

PRINT FULL NAME

SIGNATURE

DATE

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CALIFORNIA RESALE CERTIFICATE

[Name of Purchaser]

[Address of Purchaser]

I HEREBY CERTIFY: That I hold valid seller's permit no. _____
Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of
Selling: _____

That the tangible personal property describe herein which I shall purchase from:

MARATHON

will be resold by me in the form of tangible personal property, provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased:

Signed in the month of _____ Day _____ Year _____

[Name of purchaser/ Authorized Agent]

[Signature]

[Title]