

Thank you for inquiring about Syndrome Distribution. To process your order, please fill out this Dealer Application. The undersigned furnishes the following as being a true and correct Statement of Personal and Financial information. Please fill out all information completely. Failure to complete all portions may cause delay in opening your account and/or processing your order.

Company Information

Business Name _____ Date _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ email _____

Type of Business ___ Distributor ___ Retail ___ Internet ___ Other _____

Is business incorporated? _____ Yearly sales volume? _____

Tax ID# _____ Resale # _____

of employees? _____ # of stores? _____

of years in business under present name? _____ # of years at present location? _____

Authorized buyers 1) _____ 2) _____ 3) _____

Ownership Information

Name of owner / Authorized officer _____

Home address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ email _____

Trade References

Name	Address	Phone / Fax
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Bank Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ email _____

Primary Account # _____

I hereby authorize Syndrome Distribution to obtain credit information from the above referenced companies.

Customer Signature / Title _____ Date _____

Syndrome Distribution reserves the right to add a finance charge equal to 1% per month on balances over 30 days past due. Annual percentage rate is 12% Delinquent accounts will be sent to collections and any collection fee incurred will be paid by the debtor.

SALES TAX RULES AND REGULATIONS - RESALE CERTIFICATES

To Our Customers:

In compliance with Sales and Use Tax Laws it is necessary that we have from all of our customers a signed re-sale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale.

The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "Description of property to be purchased" there may appear:

- (1) Either an itemized list of the particular property to be purchased for resale, or
- (2) A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please insert your NEW SALES TAX PERMIT NUMBER, WITH YOUR SIGNATURE AND ADDRESS ON THE FOLLOWING RE-SALE CERTIFICATE AND RETURN IT TO US AT ONCE.

Name of Purchaser _____

Address of Purchaser _____

City _____ State _____ Zip _____

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 described herein which I shall purchase from: _____

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 Use Tax Law to report and pay tax, measured by the purchase of such property or other authorized amount.

Description of property to be purchased for resale: _____

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

Signature of Purchaser or Authorized Agent _____

Title _____

Date _____ Phone _____

Business Hours: Monday through Friday, 8:30am to 5:30pm PST

Terms: All new accounts will be set up PREPAY or COD.

Shipping: All merchandise is shipped via UPS or FedEx. If another carrier is desired, please advise us at the time of order. Any changes in the Dealer's billing or shipping address must be reported to Syndrome Distribution in writing within 2 weeks of such change. Any fees incurred as a result of failure to notify Syndrome Distribution will be the sole responsibility of the dealer. Please specify which store location products should be shipped to when placing your order. Any additional shipping fees incurred as a result of product being re-shipped to a different location will be the sole responsibility of the dealer.

Damages: Inspect all shipments upon delivery. Check quantity of boxes and look for errors and/or signs of damage. Claims for lost or damaged goods should be made through the appropriate carrier. Any missing or merchandise shortages must be reported to Syndrome Distribution within 48 hours of receipt.

Returns: All merchandise discrepancies must be reported to Customer Service within 7 days of receipt. All returns are subject to approval by Syndrome Distribution in order to be credited the full amount. We do not assume responsibility for merchandise damaged or lost in transit. If an order is canceled after it has been packed and invoiced, a restocking fee of 5% (of the total product ordered) will be charged to the account. Any unauthorized returns received after shipment will be charged a restocking fee of 10% (of total invoice) if the product is placed back into stock.

Returned Checks: All returned checks are charged a \$25.00 service fee and future orders will be shipped COD Certified Funds. In the event that it should be necessary to place an account in the hands of a collection agency, all fees incurred will be the responsibility of the account and/or its guarantors.

Prices / Terms: (Note: All prices, products, and terms are subject to change without notice.) Orders are accepted based on prices and terms in effect at time of shipment. All terms on buyer's purchase order contrary to the terms contained herein are hereby rejected. Acceptance of shipment constitutes acceptance of these terms.

Authorizations: I authorize the banking and trade references given on this application to provide Syndrome Distribution with the requested information. I agree that in the event that COD check or Net terms are granted, payment is jointly, severally, and unconditionally guaranteed. I understand that any unpaid charges in excess of 30 days from the date of the invoice are subject to collection and that all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchasing corporation, partnership or sole proprietor. Syndrome Distribution reserves the right to add a finance charge equal to 1% per month on balances over 30 days past due. Annual percentage rate is 12%

Other: I understand that Syndrome Distribution conducts its business in such a manner as to promote the highest standards in quality, service and image for the skateboarding industry. Any actions taken by the dealer, its owners or employees, which Syndrome Distribution deems contrary to these standards, may be grounds for immediate termination of this dealer contract upon notice to the dealer without explanation. I understand that this agreement is only applicable to the store locations listed in this dealer application and authorized by Syndrome Distribution. Any changes or additions in store locations must receive separate authorization before merchandise from Syndrome Distribution can be sold at these locations. I understand that any unauthorized distribution of products purchased from Syndrome Distribution will be cause for immediate termination of my account. I understand that written approval is required in advance for use of any products or designs by any current or future brands distributed by Syndrome Distribution in any media advertisement.

By signing below, I declare that I have read and accept the above terms and conditions.

Signature / Title _____ Date _____