

Sales Rep: _____



WHOLESALE APPLICATION

In order to establish an account with Bluefish Sport® and Element V™, to acknowledge Terms and Conditions of sale (on subsequent pages), to establish tax status of merchandise purchased and to obtain merchandise services or credit, the undersigned makes the following statements in writing to be true and correct.

(PLEASE TYPE OR PRINT LEGIBLE) Please fax to 305.267.9427

Applicant

Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Province: _____ Country: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____ Web Site: _____
Facebook Account: _____ Twitter Username: _____

Business Partner(s) or Authorized Agent(s)

Name: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Business History

Business Name: _____ Sq. Ft.?: _____
____ Individual ____ Partnership ____ Corporation Tax ID#: _____ Sales Tax ID#: _____
Owner(s)/Partner(s), or Corp. Officer(s): Name(s)/Title(s): _____
What type of store(s) are you operating? ____ Stand-alone ____ Mall/mart location ____ Online (please check all that apply)
Number of Years in Business: _____ Number of Locations: _____
What other brands do you carry? _____

Vendor References

Business Name: _____ Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip: _____
Contact person(s): _____ Years Known: _____

Business Name: _____ Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip: _____
Contact person(s): _____ Years Known: _____

Business Name: _____ Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip: _____
Contact person(s): _____ Years Known: _____

PURCHASE AGREEMENT

Applicant authorizes Bluefish/Element V to obtain necessary reference information at any time from any source and agrees to pay for purchases according to the credit terms on our invoice or, if none appear, according to terms of Net 30 (subject to approval; see credit application). The undersigned hereby agrees that all work performed, services rendered and material furnished shall be governed by and subject to the 'terms and conditions' set forth on the reverse side hereof and incorporated by references. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within 30 days of any change in style of business organization, financial condition or controlling ownership. Applicant agrees to pay a service charge of 1-1/2 % per month, or the maximum allowed by law, whichever is lower on any past due balances and if the account is placed for collection, agrees to pay all costs of collection, including reasonable attorney fees. The Terms and Conditions will be interpreted and all rights and obligations of the parties will be determined under the laws of the State of Florida. These Parties hereby elect and submit to the exclusive jurisdiction of the courts of Dade County, the State of Florida. The Parties further agree that any lawsuit or action brought in connection with any controversy or claim arising out of or relating to these terms and conditions will be brought or filed in a Dade County Florida Court and in no other.

Applicant/Authorized Agent Name: _____

Title: _____ Signature: _____ Date: _____