



AUTHORIZED RESELLER APPLICATION / DEALER CREDIT APPLICATION

Part One Please type or print clearly

General Information

Buyer Name: _____
Vellano Account Executive: _____
Legal Business Name: _____
Mailing Address: _____
Shipping/Delivery Address: _____
Telephone: _____ Fax: _____
Bonapart Account Number: _____
DBA Name: _____
Years in Business: _____
Federal Tax ID Number: _____
Resale Number: _____
E-mail Address: _____ Website Address _____

Business Class: Partnership Sole Proprietorship
 Corporation Website Retailer

Terms: COD-Money Order (Payable to SPW INC)
 COD-Company Check (Payable to SPW INC)
 Open Account Credit Card

Does your store offer installation? YES NO

Owner, Partners, Principal Stockholders

Name (1): _____
Home Address: _____
Home Telephone: _____
Social Security Number: _____



Part Two Continue to complete if applying for Prepaid Terms or Open Account.

Name (2): _____
Home Address: _____
Home Telephone: _____
Social Security Number: _____

Bank Reference

Bank Name (1): _____
Address: _____
Telephone: _____ Fax: _____
Contact: _____
Account Number: _____

Bank Name (2): _____
Address: _____
Telephone: _____ Fax: _____
Contact: _____
Account Number: _____

Trade References

Name (1): _____
Address: _____
Telephone: _____
Account Number: _____
Name (2): _____
Address: _____
Telephone: _____
Account Number: _____

Accounts Payable Information

Name: _____
Address: _____
Telephone: _____ Ext: _____ Fax: _____

Personal Guarantee (Please read Personal Guarantee Terms)

Guarantor Signature: _____
Guarantor Printed Name: _____
Home Address: _____
Home Tel: _____
Drivers License No: _____
State: _____
Social Security Number: _____



Authorization and Sales Agreement

I hereby acknowledge the Terms and Conditions and agree to abide by them.

Authorized Signature: _____ Print Name: _____

Company Name: _____ Title: _____ Date: _____

Additional Supplementary Materials

In addition to submitting this form, you would also be required to submit copies of the following items within 14 days of the form submission.

Requirements:

You must provide us with a copy of your business license

You must provide us with your state sales tax number

You must purchase merchandise for the purpose of resale

Please provide us with references of no less than two of your current suppliers from which you already purchase a volume of automotive related merchandise. If you currently do not purchase from automotive related suppliers, please provide reasonable references.

An initial buy-in is required

Desired:

If applicable, exterior and interior photos of your store. Exterior preferably showing address and sign. Interior preferably showing fixtures, displays, and showroom area.

A Vellano Wheels Customer Representative will contact you with a customer number upon approval of your New Authorized Reseller Account. Completion of this application does not automatically guarantee acceptance as an Authorized Vellano Wheels Reseller. Dollar amounts specified on these forms are based on US currency. Submit this application and Supplementary materials to email: info@bonapartwheels.com