



4609 85th Ave N  
Minneapolis MN 55443-1918

TELEPHONE: (763) 424-5332  
(800) 328-3852

FAX: (763) 424-2027  
(800) 248-5430

## CONFIDENTIAL DEALER APPLICATION

### APPLICATION INFORMATION

DATE \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ RECEIVING HOURS M-F \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CORPORATION  PARTNERSHIP  PROPRIETORSHIP  SUBSIDIARY  DIVISION

IF SUBSIDIARY OR DIVISION, NAME & ADDRESS OF PARENT CO. \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ UNDER PRESENT OWNERSHIP SINCE \_\_\_\_\_ ANNUAL SALES \$ \_\_\_\_\_

NO. OF EMPLOYEES \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MAJOR B.C. SUPPLIER(S) \_\_\_\_\_

**DO YOU** (Circle One):    HAVE A RETAIL STORE FRONT    **Y**    **N**    FILL TANKS    **Y**    **N**    TEACH SCUBA    **Y**    **N**

<b>OFFICERS/OWNERS NAMES:</b>	<b>TITLE:</b>
_____	_____
_____	_____
_____	_____
MANAGER _____	ACCOUNTS PAYABLE CONTACT _____

<b>TRADE REFERENCES:</b> (LIST 3 OR MORE <b>DIVING</b> EQUIPMENT TRADE REFERENCES PHONE & FAX NUMBERS)		
NAME _____	PHONE _____	FAX _____
NAME _____	PHONE _____	FAX _____
NAME _____	PHONE _____	FAX _____

<b>BANK REFERENCES:</b>					
BANK NAME _____	ADDRESS _____	CITY _____	STATE _____	ZIP _____	PHONE _____
BANK NAME _____	ADDRESS _____	CITY _____	STATE _____	ZIP _____	PHONE _____

PLEASE COMPLETE REVERSE SIDE ⇨

**DEALERSHIP APPLICANTS PREFERRING TERMS OTHER THAN CASH OR CERTIFIED CHECK MUST SIGN THIS PERSONAL GUARANTY . . .**

To approve credit limits we MUST have a signed personal guaranty. All debts incurred by the signer of this document are non-transferrable. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms and conditions as stated below.

**INDIVIDUAL PERSONAL GUARANTEE**

I, \_\_\_\_\_, in consideration of your extending credit at my request to (Company Name) \_\_\_\_\_, hereby personally guarantee to Sea Pearls Inc. any obligation or indebtedness of the Company and I hereby agree to bind myself to pay you on demand any sum or sums of money which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT LINE REQUESTED \$** \_\_\_\_\_

**TERMS:**

I ask that an account be opened for the above named store. In the event an account is opened, I agree to the following terms and conditions. Net 30 days from date of invoice, unless otherwise specified on invoice. Checks returned for NSF: \$20.00 for each return. Delivery to carrier constitutes delivery to consignee. Balance must be paid by due date or a finance charge of 1½% per month will be charged (18% per year).

The above information as well as that given on the reverse side, is for the purpose of obtaining credit and is warranted to be true and correct. I hereby authorize Sea Pearls Inc. to investigate the references listed pertaining to my credit and financial responsibility.

Name of Applicant (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SEA PEARLS USE ONLY:**

CREDIT APPROVED  AMOUNT \$ \_\_\_\_\_ CREDIT DISAPPROVED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_



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## **Sea Pearls, Inc. Credit Card Authorization Form**

This form is used to authorize Sea Pearls, Inc. to establish **automatic payment of your invoices via credit card**. You will still receive an invoice for your records with this option. This service is free if used at the time of shipment, otherwise a 2.25% handling fee is charged. Please print this form, complete it, and return it to us via US Mail or send to our toll free fax number printed above.

**Company Name:**

**Account #:**

**Credit Card Information**

Card Type: MasterCard VISA

Authorization Type: **One Time Use** **Blanket Use**

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV2 code: (last 3 digits located inside the signature panel) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address (where you receive your credit card statements):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Authorization:** I authorize Sea Pearls, Inc. to charge my card for orders/invoices placed by me or my staff, until I notify them otherwise in writing. I agree to pay the above credit card charges in accordance with the Card Issuer Agreement. I understand that Sea Pearls, Inc. will automatically add a 2.25% processing fee to all payments requested after shipment has been made. I understand that Sea Pearls, Inc. will apply a chargeback fee of \$50.00 to my account, if I initialize a chargeback with my credit card issuer, to reverse payment without Sea Pearls, Inc. permission of any of the charges authorized on this form, and I agree to pay this fee if this occurs.

**Cardholder Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

*Thank you for your business!*