

# Pace-Line, Inc. Dealer Application

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_  
e-mail \_\_\_\_\_ How do you prefer to be contacted? phone \_\_\_\_\_ e-mail \_\_\_\_\_ mail \_\_\_\_\_ fax \_\_\_\_\_  
Type of Business: Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_  
Years in Business \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ Business License# \_\_\_\_\_  
Anticipated Credit Line \$ \_\_\_\_\_ Resale Certificate # \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Verification Code \_\_\_\_\_  
Name on the Card \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Current Trade References

### Vendor Name & Address, Contact & E-mail, Phone & Fax

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## Bank Information

Name of Bank \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_  
Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

The applicant authorizes the use of a facsimile of this document as verification of release of information by references to the Seller. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the Seller. It is further understood that all past due accounts will bear a service charge not to exceed 1-1/2% per month of 18% per annum on any delinquent account, collection fees and/or attorney fees. This shall be an open and continuing guarantee, not withstanding any charges, removals, extensions or the lie, granted by the Seller. If a corporation, this agreement must be signed by an officer. If a partnership, this agreement must be signed by all general partners.

REFUNDS/RETURNS: All returns must have prior authorization and will be charged a 20% restocking fee and credit will provided to your account within 48 hours of receipt of merchandise.

I have read and agree to all terms and conditions of sale as set forth on this document.

Print Name (Owner, Officer, General Partner) circle one \_\_\_\_\_

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

Please fax, mail or e-mail this form back to:

**PACE-LINE, INC.**  
P.O. Box 2408  
Pismo Beach, CA 93448  
PH. 805-489-6363 \* FAX: 805-489-1668 \* E-MAIL: paceline@charter.net