

# RESELLER APPLICATION



**Dramen, Inc.** 601-107 Hutton St., Raleigh, NC 27606 Phone (919) 828-5464 Fax (919) 828-5513 www.dramen.com sales@dramen.com

## BUSINESS INFORMATION:

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

RESALE NUMBER: \_\_\_\_\_

FEDERAL ID or OWNER SSN: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_  
(ATTACH COPY) NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

## TYPE OF BUSINESS:

- CORPORATION       PARTNERSHIP  
 PROPRIETORSHIP       LTD. LIABILITY

## BANK INFORMATION:

BANK NAME/BRANCH \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

## TYPE OF ACCOUNT APPLYING FOR:

- COD  
 CREDIT CARD ( VISA | MasterCard — CIRCLE ONE)

CREDIT CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_  
EXP. DATE

## TRADE REFERENCES: (ATTACH ADDITIONAL REFERENCES AS NECESSARY)

COMPANY #1 \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPANY #2 \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

The customer warrants the information provided to Dramen, Inc. shall be considered to be true, accurate and complete representations, which are made by the customer each time it places and order with Dramen, Inc. In the event that any of these representations change, the customer must notify Dramen, Inc. in writing. Dramen, Inc. retains the security interest in all the goods shipped hereunder until this invoice is paid in full, and upon demand you must ship all secured goods back to Dramen, Inc. All unpaid balances are subject to finance charges of 1.5% per month if not paid on time. If the amount due Dramen, Inc. must be collected by or through an attorney, you agree to pay all attorney's fees. In no event shall Dramen, Inc. be liable for any loss of use, revenue, profit, custom, or for any direct, indirect, consequential or punitive damages, arising out of, connected with, or resulting from the sale or use of the goods furnished hereunder. I also personally guarantee full and prompt payment to Dramen, Inc., when due, of all indebtedness owed by the Company, now existing or in further, to Dramen, Inc. This guarantee shall be considered to be continuing and in effect until Dramen, Inc. receives a certified letter to the contrary canceling this guarantee as to Company indebtedness not yet incurred. I further hereby waive notice of default, non-payment, and notice of acceptance of this guarantee in consideration of the extension to the company terms. I also authorize my Bank and Trade references to release credit information; including NSF's by phone, fax, or mail regarding my account.

(OWNER/PRINCIPLE) \_\_\_\_\_ PRINT NAME

X \_\_\_\_\_ SIGNATURE REQUIRED