



RETAIL DEALER APPLICATION for Credit Card Account

All information will be kept in strict confidence and used only by ACK LLC. THIS APPLICATION CAN BE REJECTED DUE TO INCOMPLETE ANSWERS TO THE FOLLOWING QUESTIONS. Allow 1 business day for processing time.

Full Company Name _____ DBA _____

Bill To _____ Phone _____

Address _____ WEB _____

City _____ State _____ Zip Code _____ e-mail _____

Ship To _____

How long in Business? _____ How Long at Current Address? _____

Form of Organization (Check One): [] Proprietorship [] Partnership [] Corporation

Principals of Firm: If a Corporation, Please Name the President and Vice President.

If a Proprietorship/Partnership, Please list ALL Partners.

President or Owner's Name:

Name _____ Title _____ Home Phone _____

Owner's Home Address _____

Vice President or Partner Name, If Applicable:

Name _____ Title _____ Home Phone _____

Home Address _____

Authorized Purchasing Agents:

Names & Titles _____

Are backorders accepted? ___ Yes / ___ No

If Yes, ship backorders: ___ immediate / ___ hold to ship with next order

Credit Card Information:

Primary Credit Card Type (Check One): [] VISA [] MASTERCARD [] AMEX

Credit Card Number: _____ Expiration Date (MM/YY) ____/____

Card Verification Number (Last 3 numbers on the back of the card) _____

(Last 4 numbers on front of AMEX card)

Card Holders Name (As printed on the card) _____

Secondary Credit Card Type (Check One): VISA MASTERCARD AMEX

Credit Card Number: _____ Expiration Date (MM/YY) _____ / _____

Card Verification Number (Last 3 numbers on the back of the card) _____

(Last 4 numbers on front of AMEX card)

Card Holders Name (As printed on the card) _____

Signature:

I agree to have the total amount of the invoice billed to the above listed credit card(s), abide by the published ACK LLC Terms and Conditions of Sale and I further agree to pay the total amount in accordance with the Card Issuer Agreement.

X _____ Primary Card Holder

X _____ Secondary Card Holder

Card on File:

Check here to have ACK LLC retain this credit card information for future purchases.

Submit completed application along with a copy of sales license to:

fax 561-863-3277 or email info@ackUNIVERSAL.com

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