

# dealerapplication

**FAX to: (480) 778.8408**

New Account     Update Account    **Applying for:**     COD/CASH, Certified Check, Money Order     Credit Card

Firm Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Date Established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

Yearly Sales Volume:    \$ \_\_\_\_\_

Principal's Home Address: \_\_\_\_\_

**PLEASE CHECK ONE**

Corp     Proprietorship     Partnership

Web Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Full Names of All Proprietors:

Partners or Officers: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State Sales Tax #: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CV2\*: \_\_\_\_\_

*(please attach resale certificate)*

*\*Please add 3 digit # from back of card*

Type of Business: \_\_\_\_\_ Federal ID: \_\_\_\_\_

Are Purchase Orders Required?     Yes     No

A/P Manager: \_\_\_\_\_ By:     Voice     Fax     Other: \_\_\_\_\_

A/P Phone: (    ) \_\_\_\_\_ A/P Fax #: (    ) \_\_\_\_\_

**DEALER APPLICATION TERMS AND CONDITIONS:**

***COPY OF YOUR STATE RESALE AND FEDERAL LICENSE MUST BE INCLUDED WITH THE COMPLETED DEALER APPLICATION***

We herein make application to NXe by Grand Destiny Group (a J. Bonz Corporation) for a COD or Prepaid account and/or to update and reconfirm our existing accounts and balances with Grand Destiny Group. If Dealer Account approval is granted, we promise to pay all bills when rendered. In the event payment is not made or Company Checks are returned for any reason, we understand that Grand Destiny Group reserves the right to charge all balances due to the credit card information provided above. We also understand interest on any unpaid balance will be charged at the highest rate authorized by law and a returned check fee of \$30.00 per item will be charged. If suit or an action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. It is specifically understood that all billing, accounts receivables and credit functions are processed through headquarters in Scottsdale, Maricopa County, Arizona.

Consequently, it is understood in the event of suit or action, same may take place in Scottsdale, Maricopa County, Arizona. The applicant understands they are waiving their right to litigate outside of Maricopa County, Arizona. Applicants give their permission to Grand Destiny Group and/or its agents to verify and/or supplement the information stated herein. The undersigned by the dealer application and continuing guarantee agreement, does personally, and individually guarantee payment for all goods and merchandise purchased by this applicant. The undersigned personally assumes joint and definite responsibility with company applicant.

By: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name and Title: \_\_\_\_\_



designed for the true player...