## **Dealer Application**



Full Name of Business Entity:				
Business Address:				
City, State, Zip:				
Phone #:				
Fax#:				
Retail ID #:		mail:		
Please fill	In the appropriate	Informatio	on below:	
□ Owner: □ Partner:			🗆 A/P C	Contact:
□ Manager: □ Authoriz	ed Buyer 1:		Autho	orized Buyer 2:
☐ Brick and Mortar Store: ☐ ☐ Dedicate	ed Website:			
☐ 3rd Party Website Sales ☐ Amazon ☐ Jet	■ Walmart	■ Ebay	□ Other:	
Sales Territory (Country or Region):				
	David Dafama			
Name of Books	Bank Referer		t #	
Name of Bank:	Primary Account #:ess:			
0'' 0' ' 7'				
City, State, Zip: Authorization to release account information:				
Authorization to release account information:				
	Trade Refere	nces		
Name of Business:	Ac	ccount#:		
Street Address, City, State, Zip:				
Business Phone:		Email:		
Name of Business:		Account#:		
Street Address, City, State, Zip:				
Business Phone:		Email:		
Name of Business:		Account#:		
Street Address, City, State, Zip:				
Business Phone:		mail:		
T (B) MILL (6				
Type of Business or Markets you are interested in reaching (C			t. 0	D.Hallannan
,	Costume		ty Supply	☐ Halloween
□ Toy Store □ Face/Body Painting □	Special Effects	☐ Clo	wn Supplies	☐ Television/Film
Whole	ania Trada Cuata	MAN ANNO	· · · · · · · · · · · · · · · · · · ·	
Wholesale Trade - Customer Agreement  The undersigned hereby makes application for credit to Mehron Inc. and warrants that the information contained herein is true and correct. The informa-				
tion is provided to induce Mehron Inc. to make periodic sales of merchandise on credit. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant firm and is duly empowered to enter into and make binding agreements on its behalf (2) accepts that				
all amounts charged to this account are due and payable in full within the credit terms established for this account, (3) any outstanding balance remain-				
ing unpaid beyond the credit terms will incur a 1.5% service charge which may be added to the principle and shall, at the option of Mehron Inc., be due and payable immediately, and (4) if it becomes necessary for this account to be placed for collection that an additional charge equal to 25% of the out-				
				· .
standing balance will be added to offset the costs of collection fees, attorney fees and court costs. (5) Mehron MAP (Minimum Advertised Price) policy will be adhered to at all times.				
will be adhered to at all times.				
Signed: Title:				
oigned nile.				
Printed Name: Date	·:			
INDIV	IDUAL PERSONAI	L GUARAN	ITEE	
For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above				
listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the exten-				
sion of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on				
any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly &				
individually) agree to pay an additional 25% collection charge on the entire unpaid balance.				
,, , , , , , , , , , , , , , , , , , ,	- 1			
Signed Witness _			Date	
PLEASE SUBMIT	THE FOLLOWING	WITH YOU	R APPLICATION	

- 1) Copy of your store's "RESALE CERTIFICATE/LICENSE" (Not a "TAX CERTIFICATE").
- 2) Please submit a photograph of your store front and retail space.

Please understand that the majority of end users of Mehron Products are Professionals and Entertainers with Tax ID Numbers. In order to fully support Mehron's authorized retail dealers, we must receive the items listed above. Wholesale pricing will be released immediately upon verification of these items. Thank you and please call Toll Free at 1-800-332-9955 with any questions.