



764 Calle Plano  
Camarillo, CA 93012  
Phone: 805-3891636  
Fax: 805-482-5625

## Dealer Application

Company Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Bill To Address**

Contact Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **Ship To Address**

Contact Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type Of Business (ie.: Tackle, Sporting Goods, etc.): \_\_\_\_\_

Taxpayer ID Number (TIN): \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_

Owners Name(s): \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Wholesale Trade Reference** Please list two verifiable trade references. This information must be on file before any orders will be shipped.

1. Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Information Provided By: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signature on this application authorizes the release of credit information to Roboworm, Inc. All dealers must return a completed application regardless of type of account (Net, COD or C.C.) Dealers agree to pay all collection costs and attorney fees to collect past due balances.

### **Please include the following to complete your application:**

1. Copy of your business license or permit.
2. Copy of your tax resale certificate.
3. Business card and letterhead.

**Transactions for the first six months is on a CREDIT CARD or COD basis only.**

Please indicate your payment choice:     Credit Card    OR     C.O.D.

**Please call with credit card number to complete your transaction (MasterCard or Visa only).**