



KAMERA TOOLS

170 Gemini Ave, Suite# B1, Brea CA 92821 | Tel: (323) 230-0782

AUTHORIZED RESELLER APPLICATION

BUSINESS INFORMATION:

BUSINESS LEGAL NAME: _____

DBA\PARENT\SUBSIDIARY: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TELEPHONE _____

***COMPANY WEBSITE:** _____

***ACCOUNT PAYABLE'S TELEPHONE NO:** _____

TYPE OF OWNERSHIP: () CORPORATION () PARTNERSHIP () PROPRIETORSHIP

DATE OF ESTABLISHED: _____ **FEDERAL TAX I.D.:** _____

NUMBER OF EMPLOYEES: _____ **ANNUAL SALES VOLUME:** _____

DUN & BRADSTREET NO.: _____ **HOW MANY STORES?** _____

WEB SITE/STORE: _____

STATE RESALE CERTIFICATE NO.: _____

***Please attach a copy of resale certificate.**

OWNER/PARTNER/OFFICER #1 OWNER/PARTNER/OFFICER #2 OWNER/PARTNER/OFFICER #3

NAME: _____ **NAME:** _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____ **ADDRESS:** _____

PHONE: _____ **PHONE:** _____ **PHONE:** _____



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BANK REFERENCE:

BANK REFERENCE: _____ CHECKING ACNT. #: _____

ADDRESS: _____ SAVINGS ACNT.#: _____

LOAN ACNT.#: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ LOAN OFFICER: _____

TRADE REFERENCE:

1. COMPANY NAME: _____ LINE OF CREDIT: _____

ADDRESS: _____ DATE OPENED: _____

_____ PAYMENT TERM: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____

2. COMPANY NAME: _____ LINE OF CREDIT: _____

ADDRESS: _____ DATE OPENED: _____

_____ PAYMENT TERM: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____

3. COMPANY NAME: _____ LINE OF CREDIT: _____

ADDRESS: _____ DATE OPENED: _____

_____ PAYMENT TERM: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____