



DEALERSHIP APPLICATION

Thank you for your interest in becoming one of our dealers!

Dealership application must include:

- Completed Dealer Application
- If no website, Federal ID # and photos of the shop
- Completed Certificate of Exemption (Included in application)
- Copy of Business License, Tax Permit or State License

General Notes:

- ALL International orders must be placed by phone, fax, or email (sales@fatbaggers.com) with payment by wire transfer (\$30 USD WT Fee applies) or Money Order (mailed to FBI)
- ALL cancelled or returned dealer orders will be refunded for In-Store Credit and/or subject to a 20% restocking fee.
- ALL shipping addresses must match Credit Card billing address, unless otherwise approved.

We offer an in house certification on 200MM tire conversion installs. This is a two-day training session. You can send as many techs as you choose we really recommend this. For it will make them much more familiar with our products and a lot more efficient with the installation process. Please select an option for the training:

- I want to send _____ technicians to training sessions.
- Please call me with more information.
- I will contact you at a later date for this option.
- Not interested.

By signing below, you are indicating that you understand and acknowledge all of the above as an Authorized FBI Dealer. Please note, this is only a starting point to see where you want to be as a dealer, stocking and promoting Fat Baggers, Inc. products. Please don't hesitate to call us! We are here to help with any questions you may have!

(Signature)

(Date)

(Print)

(Date)



DEALER APPLICATION

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

Shipping Address (if different): _____

Store Phone Number: _____ Toll Free Number: _____

Fax Number: _____ E-Mail Address: _____

Web Site: _____

NOTE: If no web site, please provide Federal ID #: _____ AND pictures of your store and repair shop.

Type of Ownership (check one): Individual Partnership Corporation

Name(s) of Owners/Partners/ Officers: _____

Method of Payment to be by Credit Card, Visa, MC, Discover or American Express

Store Manager: _____

Parts Manager: _____

Bookkeeper: _____

People Authorized to Purchase: _____

Date Business Started: _____ Store Hours: _____



CREDIT CARD AUTHORIZATION FORM

Company Information:

Company Name: _____

Name as it appears on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Information:

MasterCard: _____ Visa: _____ Discover: _____ Am. Exp. _____

Card #: _____

Expiration Date: _____/_____

Security Code: _____ (3-4 digit code found on the back of the card)

I hereby authorize Fat Baggers, Inc. to process my credit card for payment of products of services which I or my authorized representatives may order:

_____ All Orders _____ This Order Only _____ Other

Authorized Signature:

(Signature)

(Date)

(Print)

(Date)

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multi-state Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. Please print

Name of purchaser _____

Business Address _____	City _____	State _____	Zip Code _____
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Purchaser's Tax ID Number _____	State of Issue _____	Country of Issue _____
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If no Tax ID Number	FEIN	Driver's License Number/State Issued ID Number	Foreign diplomat number
Enter one of the following: _____ _____ _____			
Name of seller from whom you are purchasing, leasing or renting _____		State of Issue: Number _____	

Seller's address _____	City _____	State _____	Zip code _____
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4. Type of business. Circle the number that describes your business

- | | |
|---|---|
| <p>01 Accommodation and food services</p> <p>02 Agricultural, forestry, fishing, hunting</p> <p>03 Construction</p> <p>04 Finance and insurance</p> <p>05 Information, publishing and communications</p> <p>06 Manufacturing</p> <p>07 Mining</p> <p>08 Real estate</p> <p>09 Rental and leasing</p> <p>10 Retail trade</p> | <p>11 Transportation and warehousing</p> <p>12 Utilities</p> <p>13 Wholesale trade</p> <p>14 Business services</p> <p>15 Professional services</p> <p>16 Education and health-care services</p> <p>17 Nonprofit organization</p> <p>18 Government</p> <p>19 Not a business</p> <p>20 Other (<i>explain</i>) _____</p> |
|---|---|

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|--|
| <p>A Federal government (<i>department</i>) _____</p> <p>B State or local government (<i>name</i>) _____</p> <p>C Tribal government (<i>name</i>) _____</p> <p>D Foreign diplomat # _____</p> <p>E Charitable organization # _____</p> <p>F Religious or educational organization # _____</p> <p>G Resale # _____</p> | <p>H Agricultural production # _____</p> <p>I Industrial production/manufacturing # _____</p> <p>J Direct pay permit # _____</p> <p>K Direct mail # _____</p> <p>L Other (<i>explain</i>) _____</p> |
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6. Sign here. *I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.*

Signature of Authorized Purchaser _____	Print Name Here _____	Title _____	Date _____
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