



*professional scuba diving equipment*

## Dealer Application

Thank you for your interest in becoming a ScubaMax dealer. We look forward to doing business with you. Please complete the following form to begin your ScubaMax dealership account.

Company Name: \_\_\_\_\_ SSN or Fed.ID#: \_\_\_\_\_  
DBA: \_\_\_\_\_ # of locations: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Ext.: \_\_\_\_\_  
City/State/Zip.: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Contact's E-Mail: \_\_\_\_\_ E-Mail for invoice: \_\_\_\_\_

### List three trade references

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel#: \_\_\_\_\_  
City/State/Zip.: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Amt.: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel#: \_\_\_\_\_  
City/State/Zip.: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Amt.: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel#: \_\_\_\_\_  
City/State/Zip.: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Amt.: \_\_\_\_\_

### UNITED MAXXON INC.

104 Exchange PL., Pomona, Ca. 91768, USA  
Tel: (909) 869-7977 Fax: (909) 595-8600 E-mail: Scubamaxx@aol.com



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**List Proprietor, Partners, Or Corporation Officer's**

Title	Name	Contact Tel.#	E-mail
Owner #1			
Owner #2			
Owner #3			

**List Bank information**

Bank Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel#: \_\_\_\_\_  
City/State/Zip.: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel#: \_\_\_\_\_  
City/State/Zip.: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account Number: \_\_\_\_\_

I agree to following terms and conditions by acceptance of merchandise on an invoice: Claims for errors must be made upon receipt of goods. Returned goods are subject of a 25% restocking fee. Returns will not be accepted if the claim is made 15 days after date of invoices. A.N.S.F. Checks and past due invoices will be subject to a \$30.00 late fee and a 2.5% per month interest charge (30% annually) until the remaining balance is paid in full. I will be responsible for any N.S.F. Check or past due invoices collection fee if legal action is taken.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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