



Thunderball Marketing Inc.

10 Cragwood Road
Avenel, NJ 07001

732-388-5000
Fax: 732-587-1265
E-mail: Sales1@tball.com
Web Site: [Http://www.tball.com](http://www.tball.com)

NEW DEALER APPLICATION AGREEMENT

<p>Your Company Name: _____</p> <p>Billing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p> <p>E-mail address: _____</p> <p>Website: _____</p> <p>State Resale Certificate#: _____ Date of issue? ____/____/____</p> <p>Name of Accounts Payable Manager: _____</p> <p>If corporation, what is the date of incorporation? ____/____/____</p> <p>Date business was started: ____/____/____</p>	<p>Shipping Address:</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p> <p>Contact: _____ E-mail address: _____</p> <p>Federal Employer Identification#: _____</p> <p>Company is: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation</p> <p>States in which applicant does business: _____</p>
<p>Ownership Information:</p> <p>1) Title: _____</p> <p>First Name: _____ Middle: _____ Last: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Social Security#: _____</p> <p>2) Title _____</p> <p>First Name: _____ Middle: _____ Last: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Social Security#: _____</p>	<p>Trade References</p> <p>1) Supplier: _____ Supplier Account# _____</p> <p>Contact: _____</p> <p>Street Address: _____</p> <p>City: _____ State _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p> <p>2) Supplier: _____ Supplier Account# _____</p> <p>Contact: _____</p> <p>Street Address: _____</p> <p>City: _____ State _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p>
<p>(If you require more space, please attach separate page..)</p> <p>Bank reference information:</p> <p>Bank Account Number: _____</p> <p>Bank: _____ Contact: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: (____) _____ Fax: (____) _____</p>	<p>ACCEPTED THUNDERBALL MARKETING, INC.</p> <p>By: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Your New Account Representative: _____</p> <p>I do certify that the information contained on this application is true and accurate</p>

Please forward this information immediately to:

New Dealer Dept.
Thunderball Marketing Inc.
10 Cragwood Road
Avenel, NJ 07001

Phone: (212) 645-5600
Fax: (212) 645-6561

Signature ("Buyer")

Title

Date

Signature ("Buyer")

Title

Date