

Federal ID# (Required) _____

PRIMARY PRODUCTS OF INTEREST

Mobile/Car Audio Home Audio/Video Vacuums Appliances Outdoor

Preference Taxed Exempt. If exempt, please COMPLETE the Resale Certificate below.

RESALE CERTIFICATE (This Original Must Be Mailed Back)

The undersigned certifies that the following described product lines/accessories _____

PURCHASED FROM SIERRA SELECT DISTRIBUTORS INC

AFTER (Date) _____ IS PURCHASED FOR THE FOLLOWING PURPOSE:

- Resale as a tangible personal property To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.
- To be sold outside seller's state To be exported for sale, use, or consumption outside the continental limits of the United States
- Other _____

This certificate shall be considered a part of each order that we shall hereinafter place and continue in force until revoked in writing by certified return receipt mail. We will notify Sierra Select immediately of any changes to the resale certificate status and provide a new resale certificate promptly upon request.

SELLER'S PERMIT/CERTIFICATE # _____ Multiple Locations? ___ No ___ Yes

NAME OF COMPANY _____ PHONE# _____

ADDRESS _____ CITY/STATE/ZIP _____

SIGNATURE **X** _____ TITLE _____ DATE _____

ADDITIONAL INFORMATION

Website _____ Owner(s) Email: _____

Year Company Established _____ Year Current Ownership Established _____

Own Rent/Lease Landlord or Holder's name _____
Address/Tel# _____

Division or Subsidiary ___% owned by Parent Company Name _____
Address/Tel# _____

Other/Previous Businesses _____ Still Own or Sold Year _____
Address/Tel# _____

Purchase Order Required? no yes, describe format _____

Back Orders Accepted? no yes

Accounts Payable Contact _____ Telephone # _____

Fax # _____ Email _____

The Federal Equal Credit Opportunity Act prohibits credit grantors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract). The Federal Agency that administers compliance with this law is the Federal Trade Commission, Washington DC, 20580.

Please Attach Latest Financial Statements: Balance Sheet, Income Statement, Cash Flow Statement and Notes to Financials

**** Information Sheets are an Acceptable Replacement for this Page Only. ****

Sierra Select standard default terms are C.O.D. cash/cashiers. To apply for different terms of sale, please complete the remaining pages.

Desired Terms (if qualified) C.O.D. Company Check Net 30

TRADE PRODUCT REFERENCES

Please list only references that provide your company with similar types of products and terms. Please ensure that you are actively purchasing from that vendor, and that they are willing to respond to our request for information promptly, so we may obtain a sufficient sampling and avoid unnecessary delays processing your request. Please provide complete information.

| | |
|----------------------|------------------|
| NAME _____ | TELEPHONE# _____ |
| ADDRESS _____ | FAX# _____ |
| CITY/STATE/ZIP _____ | ACCOUNT# _____ |

| | |
|----------------------|------------------|
| NAME _____ | TELEPHONE# _____ |
| ADDRESS _____ | FAX# _____ |
| CITY/STATE/ZIP _____ | ACCOUNT# _____ |

| | |
|----------------------|------------------|
| NAME _____ | TELEPHONE# _____ |
| ADDRESS _____ | FAX# _____ |
| CITY/STATE/ZIP _____ | ACCOUNT# _____ |

| | |
|----------------------|------------------|
| NAME _____ | TELEPHONE# _____ |
| ADDRESS _____ | FAX# _____ |
| CITY/STATE/ZIP _____ | ACCOUNT# _____ |

| | |
|----------------------|------------------|
| NAME _____ | TELEPHONE# _____ |
| ADDRESS _____ | FAX# _____ |
| CITY/STATE/ZIP _____ | ACCOUNT# _____ |

| | |
|----------------------|------------------|
| NAME _____ | TELEPHONE# _____ |
| ADDRESS _____ | FAX# _____ |
| CITY/STATE/ZIP _____ | ACCOUNT# _____ |

BANKING INFORMATION

| | |
|--|------------------|
| NAME OF BANK _____ | TELEPHONE# _____ |
| ADDRESS _____ | CONTACT _____ |
| CITY/STATE/ZIP _____ | ACCOUNT# _____ |
| Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Line <input type="checkbox"/> Loans | |

Please provide a Legible Authorization for Each proprietor, partner or guarantor.

AUTHORIZATION TO CHECK CONSUMER CREDIT (must be complete)

I hereby give my personal authorization for Sierra Select Distributors, to obtain a copy of My Consumer Credit Report now, and as needed, for use in connection with the commercial business transactions or if I am the guarantor of the debt for

(your) Company Name _____ Social Security # _____

Consumers Legal Name _____

Consumers Home Address _____

City, State, Zip _____ Home Telephone # _____

Consumers Full Legal Signature _____ Date _____

AUTHORIZATION TO CHECK CONSUMER CREDIT (must be complete)

I hereby give my personal authorization for Sierra Select Distributors, to obtain a copy of My Consumer Credit Report now, and as needed, for use in connection with the commercial business transactions or if I am the guarantor of the debt for

(your) Company Name _____ Social Security # _____

Consumers Legal Name _____

Consumers Home Address _____

City, State, Zip _____ Home Telephone # _____

Consumers Full Legal Signature _____ Date _____

AUTHORIZATION TO CHECK CONSUMER CREDIT (must be complete)

I hereby give my personal authorization for Sierra Select Distributors, to obtain a copy of My Consumer Credit Report now, and as needed, for use in connection with the commercial business transactions or if I am the guarantor of the debt for

(your) Company Name _____ Social Security # _____

Consumers Legal Name _____

Consumers Home Address _____

City, State, Zip _____ Home Telephone # _____

Consumers Full Legal Signature _____ Date _____