



ROUTE 73 AND 10 MORRIS AVENUE • MAPLE SHADE, NJ 08052

TOLL FREE (877) 434-8325

FAX (724) 239-2555

WWW.KAPLANSCUBA.COM

WWW.BLUESTEELLLC.COM



DEALER APPLICATION FORM

**All Requested Information MUST Be Provided In Order To Process Application*

COMPANY INFORMATION

Business Name:	
Billing Address:	
City/State/Zip:	
Shipping Address:	
Business Phone:	
Business Fax:	
Email Address:	

PRINCIPALS/OFFICERS

Owner's Name:	
Home Address:	
City/State/Zip:	
Home Phone:	
General Manager:	
Home Address:	
City/State/Zip:	
Home Phone:	

BUSINESS OPERATING INFORMATION

Reseller # (Required) : _____ Years in Business as Owner: _____

Tax Exempt Form Required With Application

Business Type: Retail Wholesale Distributor Charter Service

Status: Corporation Sole Proprietorship Partnership LLC

Number of Employees: _____ **Number of Stores:** _____ **Annual Sales:** \$ _____

Retail Store Front: Y N **Fill Tanks:** Y N **Teach Scuba:** Y N

Dollar amount anticipating to purchase from Kaplan Scuba: \$ _____

Kaplan Scuba Use Only:

Terms: _____ Approved: _____ CMAC: _____ Credit Limit: _____



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CREDIT CARD AUTHORIZATION FORM

Customer Name:	
Street Address:	
City, State, Zip:	
Phone:	
Fax:	
Email:	

For your convenience, this Authorization Form will serve as a "Signature on File" Agreement, so that we may charge your order(s) to your credit card. In addition, you are agreeing to the Terms and Conditions set forth by your Financial Institution (i.e., MasterCard, Visa, or Discover Card) Thank you!

CREDIT CARD INFORMATION

CARD ISSUER	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card
CARD NUMBER	
CVV SECURITY CODE	
EXPIRATION DATE	
CARDHOLDER'S NAME	
CARDHOLDER'S ADDRESS & ZIP CODE	
<i>(As it appears on statement)</i>	
SIGNATURE	<input type="text"/>
DATE	<input type="text"/>

CREDIT REFERENCES

TERMS REQUESTED:

COD

NET 30

CREDIT CARD

MAJOR VENDORS *(Please List 3) Fax # MUST be provided for Credit Reference*

Company Name:			
Address:			
City/State/Zip:			
Fax:			
Account #:		Terms:	<input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Net 30
		Other:	

Company Name:			
Address:			
City/State/Zip:			
Fax:			
Account #:		Terms:	<input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Net 30
		Other:	

Company Name:			
Address:			
City/State/Zip:			
Fax:			
Account #:		Terms:	<input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Net 30
		Other:	

BANK REFERENCE

Bank Name:	Account#:	
Bank Address:		
City/State/Zip:		
Contact Name:	Phone:	
		Fax:

I understand that the information I have given above is true and correct to the best of my knowledge. I agree to the terms and conditions given forth to me by Kaplan Scuba. I authorize Kaplan Scuba to investigate any credit references that I have provided.

Signature: _____ Date: _____

Personal Guarantee:

In the event that this account is delinquent and payment arrangements have not been made, the debtor will assume all collection costs including all reasonable attorney's fees. By applying for credit, and signing this application, I agree to the above terms and conditions given by Kaplan Scuba. I will also assume personal responsibility for payment for the corporation's account. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If it becomes necessary to enforce this guarantee by suit, I agree to pay all interest and collection fees incurred by Kaplan Scuba.

Signature: _____ Date: _____