



# Hurricane Man .Com

2203 Industrial Blvd. Sarasota, Fl 34234 Phone (941) 355-4831 (800) 786-4058 Fax (941) 355-4962

## Wholesale Dealership Application

We assure you that all information you furnish will be considered confidential. The data on this form will be used to process your application. You must provide your Social Security number if you do not have a Florida Business Tax Identification Number.

Date \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ FEID # \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Physical Location: \_\_\_\_\_

Own \_\_\_\_\_ or Rent/Lease \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_ LLC: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Name of Owner/Principal: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address of Owner/Principal: \_\_\_\_\_

License # \_\_\_\_\_ Sales Tax Exempt: \_\_\_\_\_ (Please Attach Form)

Estimated Annual Sales: (2006) \$ \_\_\_\_\_ & (2007) \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website Address: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_ Number of Employees: \_\_\_\_\_

How did you hear about Hurricane Man, Inc.? \_\_\_\_\_

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Address for where shutters are to be shipped: \_\_\_\_\_

Special shipping arrangements if necessary: \_\_\_\_\_

**We accept the following methods of Payment.**

**Check   MasterCard   Visa   American Express   Discover**

**All orders are to be emailed to [Sales@hurricaneman.com](mailto:Sales@hurricaneman.com), or faxed to 941-955-4962.**

A 3% charge will be added to all credit card orders.

Credit Card(s) you want us to keep on file for ordering purposes:

Primary Card Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing address for credit card: \_\_\_\_\_

(Please note the shipping address MUST match billing address on credit card.)

**Bank Reference**

Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Branch Location and  
Address: \_\_\_\_\_

Bank Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS. Should it be necessary to place this account in collection, I/we agree to pay all collection costs and attorney fees. I/we also agree that if partial payments are made or no payments are made on the account within the terms specified that you have the right to assess and I/we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1 ½ % to the past balance. This is an annual percentage rate of 18%. Further, the undersigned hereby submits itself to the jurisdiction of the courts of the State of Florida in connection with any claims by Hurricane Man, Inc. regarding payment of indebtedness, and agrees that venue shall be in the county where Hurricane Man, Inc. has its principal place of business.

**I certify that all the information on this form is correct. I authorize my references to furnish you any information necessary to complete your evaluation of this application.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

