

Name:

NEW DEALER

COMPANY INFORMATION									1411	.JA	JAFL	DLA	LLK	AFF	LICA	IION
Legal Business Name									DBA							
Dillion Adduses	street	t														
Billing Address	city								state					zip		
Shipping Address	street	t														
[IF DIFFERS FROM ABOVE]	city								state					zip		
Phone									fax							
Email Address																
Business Type		Corpo	oratio	n [] Sol	e Prop	reitor		LLC	Y	ear Est	tablish	ed :			
Inventory	Does	your bu	ısiness	have ii	nventoi	y? Y ,	N Se	parate	e locatio	n? Y	/ N	# of SK	(Us in I	nventor	<i>y</i> :	
Current Products Offered																
Federal Tax ID #																
Dunn & Bradstreet #																
Buyer/Purchaser Name																
Email Address									1							
	Web	site							Do yo	u sell	produc	ts on thi	is webs	ite?	Y / N	
												CORP	ORA	ΓΕ Ο F	FICE	RS
Name									Title							
Email Address									•							
Phone													ext.			
Name									Title							
Email Address																
Phone													ext.			
AP CONTACT																
AP Name																
Dlagas	office												ext.			
Phone	fax															
Email Address																
RESALE INFORMATION																
I hereby certify that I hold valid seller	's perr	nit # _						1:	ssued p	oursu	ant to t	he Sale	es and	Use Ta	x Law;	that I
am engaged in the business of selling	g						th	at the	tangik	ole pe	rsonal	proper	ty des	cribed	herein	which
I shall purchase from Mesa Safe Comp				•			_				•					
event any of such property is used fo course of business, it is understood th		•										-			_	
price of such property.	141141	птеци	inca b	,	مادع دا	10 03C	IUA LA	vv to 1	Срогса	y po	.y 101 ti	ic tax, i	iicasu	ic by ti	ic puit	criusc
Description of property to be p	ourch	ased:														
Dated:			Si	gnatu	ıre:											

Title:



TRADE REFERENCES MESA SAFE DEALER APPLICATION

TRADE REFERENCES)															
#1																
Compay Name																
Contact Name																
Address	street							state zip fax state zip fax state zip fax								
Address	city								state				zip			
Phone								fax								
Account #																
#2																
Compay Name																
Contact Name																
	street															
Address	city						state				zip					
Phone									fax							
Account #																
#3																
Compay Name																
Contact Name																
A deline co	street															
Address	city								state				zip			
Phone									fax							
Account #																



TERMS & CONDITIONS MESA SAFE DEALER APPLICATION

We understand and agree that all invoices are due on a net 30-day basis. We also understand and agree that Mesa Safe Company has our permission to conduct a credit investigation including but not limited to bank and trade references, and credit bureaus. In the event we default in our payments, we agree that Mesa Safe Company may assess us, and we agree to pay, reasonable late charges (not to exceed 2% per month, as permitted by law), attorney fees, collection agency fees and other costs associated with their collection efforts. The laws of the State Of California shall govern our relationship, including jurisdiction.

In consideration of Mesa Safe Company extending credit to the Company shown on this application, the undersigned jointly and severally agree to be personally liable for the payment of any amounts owing to Mesa Safe Company.

RETURNS

Merchandise may not be returned without our prior approval and the issuance of a Returned Goods Authorization (RGA). If the merchandise is returned without a Returned Goods Authorization number it will be refused. This also applies to damaged returns.

The safe must be in "brand new" resalable condition, charges may occur if it is not in this condition.

If any of the packaged accessories have been used (example: batteries, etc.) there will be a replacement charge.

The safe will be inspected upon arrival and additional charges may occur if the safe is damaged.

Non-stock, special goods or items fabricated, modified, or cut to size per order are not returnable.

If Mesa Safe Company is not at fault, the customer will pay all freight on returns (this includes the original shipping and return shipping costs). These situations include but are not limited to: buyer's remorse, canceled orders after product has shipped, ordered incorrect model / part, etc.

No returns will be accepted after 30 days of receipt.

A restocking fee for undamaged returns will be charged for 20% of the merchandise cost.

REFUNDS

Refunds will only be issued in the form of a Credit Memo. We will not issue a refund by cash, check, or chargeback on a credit card.

FREIGHT SHIPMENTS

IMPORTANT: It is the seller's responsibility to notify the customer to inspect their safe upon delivery and note any damages on the delivery driver's copy of the bill of lading / proof of delivery.

If the product is found to be damaged upon inspection the customer must either refuse the shipment or note the damages on the delivery driver's copy of the bill of lading / proof of delivery (please be sure that the driver did note the damages).

If the customer receives the product without inspection upon delivery and then notices damages, the seller or the customer must contact the freight carrier for reconciliation. We will not be held liable for any damages that were not noted at the time of delivery.



TERMS & CONDITIONS

FREIGHT DAMAGES

The customer is responsible for inspecting the product upon delivery. If the product is found to be damaged upon inspection the customer must either refuse the shipment or note the damages with the delivery driver (please be sure that the driver did note the damages).

If the customer receives the product without inspection upon delivery and then notices damages, the customer must contact the freight carrier for reconciliation. We will not be held liable for any damages that were not noted at the time of delivery.

We must be notified of the damages within 72 hours from the time the safe was delivered or refused.

3RD PARTY FREIGHT DAMAGES

The 3rd party will be responsible for filing the claim with their freight carrier.

The damaged product is no longer the property of Mesa Safe Company.

If the product is returned back to Mesa Safe Company, we will store the product for 45 days. You must notify us within 45 days of Mesa Safe Company receiving the damaged product on what to do with the product. If we are not notified after this 45 day period we will discard the safe and we will not be held liable for any credits or reimbursements on the discarded product.

SMALL PACKAGE DAMAGES

We must be notified within 72 hours from the time the safe was delivered. The customer must hold onto the original packaging and all of its contents.

3RD PARTY PACKAGE DAMAGES

The 3rd party will be responsible for filing the claim with their freight carrier.

The damaged product is no longer the property of Mesa Safe Company.

If the product is returned back to Mesa Safe Company, we will store the product for 45 days. You must notify us within 45 days of Mesa Safe Company receiving the damaged product on what to do with the product. If we are not notified after this 45 day period we will discard the safe and we will not be held liable for any credits or reimbursements on the discarded product.

MTC190820

Print Name:	Title:
Signature:	Date:



CREDIT AUTHORIZATION **MESA SAFE DEALER APPLICATION**

Continue	d for	[company	name]:
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APPLYING FOR **NET TERMS**

For your convenience, Mesa Safe Company offers several different ways to pay invoices from your Net 30 account.

• Check by mail: to 3651 I-30 Frontage Rd, Sulphur Springs, TX 75482

· Cneck by tax/em	ail: Send a copy of your printed check and we can process it same day at no extra charge.
• ACH : If you have a	an ACH account set up, we will accept payment via ACH at no extra charge.
• Wire transfer : \$1	2 fee. Account information given upon request. Please include wire transfer fee with each paym
• Credit Card: 3.5%	convenience fee will be charged to each transaction.
We anticipate we	vill require a Credit Line of \$to handle our purchasing levels.
Signature:	Title:
Print Name:	Dated:
E A CREDIT CARD (DN FILE FOR PURCHASE g the below, I authorize Mesa Safe Company to keep this card on file for all purchases made b (company name). I also acknowledge and authorize the 3% convenience fee.
E A CREDIT CARD (DN FILE FOR PURCHASE g the below, I authorize Mesa Safe Company to keep this card on file for all purchases made b (company name). I also acknowledge and authorize the 3% convenience fee. NY will furnish a receipt of charges for my records.
E A CREDIT CARD (mpleting and signir ssed, Mesa Safe Comp	DN FILE FOR PURCHASE g the below, I authorize Mesa Safe Company to keep this card on file for all purchases made b (company name). I also acknowledge and authorize the 3% convenience fee. NY will furnish a receipt of charges for my records.
E A CREDIT CARD (mpleting and signir ssed, Mesa Safe Comp	DN FILE FOR PURCHASE g the below, I authorize Mesa Safe Company to keep this card on file for all purchases made b (company name). I also acknowledge and authorize the 3% convenience fee. NY will furnish a receipt of charges for my records.
E A CREDIT CARD (mpleting and signir ssed, Mesa Safe Compa ARD INFORMATIO Card Type	The below, I authorize Mesa Safe Company to keep this card on file for all purchases made by the below, I authorize Mesa Safe Company to keep this card on file for all purchases made by the same of
E A CREDIT CARD of mpleting and signings and	The below, I authorize Mesa Safe Company to keep this card on file for all purchases made by the below, I authorize Mesa Safe Company to keep this card on file for all purchases made by the company name). I also acknowledge and authorize the 3% convenience fee. IN will furnish a receipt of charges for my records. IN Expration Date CCV

Print Name:	Signature:

*** If you do not wish to keep a credit card on file, you can order online using your Vendor Login information, or you can put the credit card information on every PO submitted ***



BANK REFERENCE AUTHORIZATION TO RELEASE INFORMATION

COMPANY INFO										
Date										
Compay Name										
Address	street		ate zip							
Address	city	state	zip							
Phone	phone									
Phone	fax									

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO **MESA SAFE COMPANY** FOR THE PURPOSE OF OPENING AN ACCOUNT.

		THE PURP	OSE	OF OI	PENIN	IG AN	IACC	LOUNI					
										BAI	NK IN	FO	
Bank													
Contact Name													
Address	street city							state		zip			
Account #										r			
Account Type												•	
AUTHORIZED BY													
Print Name:					·	Title:							
Signature:						Date:							

RETURN THIS FORM to FAX **714.627.4016**

OR EMAIL to travis@mesasafe.com

ATTN. TRAVIS FREGOSO

For any questions regarding this application, please contact Mesa Safe Company at 714.202.8000 ext.140



BUSINESS REFERENCE **AUTHORIZATION TO RELEASE INFORMATION**

COMPANY INFO			
Date			
Compay Name			
Address	street		
Address	city	state	zip
Phone	phone		
rnone	fax		

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO MESA SAFE COMPANY FOR

		THE	PUR	POSE	OF O	PENI	NG AN	I AC	COUNT.						
												BA	NK IN	IFO	
Bank															
Contact Name															
Phone	stree	t													
	city								state			zip			
Account #															
UTHORIZED BY															
Print Name:							Title:								
Signature:							Date:								