



AUTHORIZED DEALER REQUIREMENTS

Thank you for your interest in becoming a KULA Dealer. We are pleased to extend the opportunity for your business to establish a dealer account with BOTE, LLC, DBA KULA and KULA Coolers.

New Account Dealer Application Checklist:

- Completed & Signed Dealer Application
- Tax Resale Certificate

All Dealer applicants must complete the KULA Dealer Application or receive written consent from a KULA representative that the dealer application process may be waived. The application must be completed and signed by the owner officer of the company.

Please provide us with the completed application using one of the following methods:

Mail:
 KULA Coolers
 ATTN: National Sales Dept
 505 Mary Esther Cutoff NW
 Fort Walton Beach, FL 32548

Fax:
 850.270.2521

Scan and Email:
 sales@kulacooler.com

TAX RESALE CERTIFICATE

We are required by law to obtain and file resale certificate annually from all of our wholesale customers. If the information is not sent for each state that the product is shipped to, sales tax will be applied to all invoices.

I have included a copy of my tax resale certificate.

GEOGRAPHIC LOCATION

All applications are subject to a dealer proximity arrangement that will be determined by the discretion of a KULA representative.

NAME & ADDRESS					
LEGAL COMPANY NAME				DBA	
MAILING ADDRESS			BILLING ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		
CITY		STATE	ZIP CODE	D&B NO	D&B RATING
PHONE	FAX	COMPANY EMAIL			
PURCHASING CONTACT		PURCHASING EMAIL		PURCHASING PHONE	
ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE EMAIL		ACCOUNTS PAYABLE PHONE	
COMPANY PROFILE					
YEARS IN BUSINESS	ANNUAL SALES	NO. EMPLOYEES	NO. LOCATIONS	DATE ESTABLISHED	TAX STATUS <input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt
ORGANIZATION <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC			RESALE NO	TAX ID NUMBER	
<input type="checkbox"/> Branch <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary		NAME	CITY	STATE	
OFFICERS / PRINCIPLES					
OWNER'S NAME		PRESIDENT/CEO'S NAME		CFO NAME	
CUSTOMER CLASSIFICATION (EX. RETAILER, GOVERNMENT)			PRIMARY CHANNEL OF TRADE (EX. FISHING, OUTDOOR)		
PAYMENT AUTHORIZATION					
AUTHORIZER'S NAME			EMAIL	PHONE #	
BILLING STREET ADDRESS			CITY	STATE/ZIP	
<input type="checkbox"/> CREDIT CARD (3% Processing Fee)					
CARD TYPE	NAME ON CARD		ACCOUNT #	EXPIRATION DATE	CW2 (3 DIGIT # ON BACK OF CARD)
<input type="checkbox"/> eCHECK					
ROUTING #			ACCOUNT #		

- I confirm that all information provided above is accurate to the best of my knowledge at the time this document was submitted.
- I have read, understand, and agree to the Terms and Conditions of Sale.
- I authorize BOTE, LLC to keep the credit card information indicated in this authorization form on file. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature _____ Date _____
 Print Name _____