



Pet Products

Reseller Application Form

A. Company Information

Business Name:	
Contact Name:	
Business Federal ID#	Years in Business:
Federal ID/SSN/SIN:	
Is your organization exempt from taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Tax Exempt Number: _____ Tax ID Number: _____	

Contact / Billing Information	
Address 1:	
Address 2:	
City:	
St/Prov.:	Zip/Postal Code:
Country:	
Bus. Phone:	Fax:
Cell Phone:	
Email:	
Website:	

B. Product Interest

Please select at least one of the following

- Balance Harness® and Nylon Products
- 6 KLIMB™ Platforms
 - I want more KLIMBs and more savings!
 - Please call me at: (____) _____ - _____
 - Email me at: _____



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D. Terms and Conditions

- To qualify for wholesale pricing, a current approved application must be on file. This document will serve as a replacement for all previous “Terms & Conditions”.
- Newly Approved applicants must place their first order within 60 days of approval.
- Refer to most recent price list supplied by Blue-9 for current pricing.
- All orders are prepaid via credit card unless approved for credit terms after initial purchase.
- Blue-9 offers limited drop ship service. Handling charges will apply.
- Without the written consent of Blue-9 applicant cannot repackage any Blue-9 product(s).
- Reseller may sell to retail consumers only. Reseller may not sell in bulk to B2B accounts, wholesalers or freight forward drop shippers for other retailers. Reseller may only sell to your end consumer.
- Must comply with MAP Policy.
- Must comply with Online Sales Policy.
- The information supplied by the applicant will be used to obtain credit information for the purpose of opening a Net 30 day account and customer authorizes Blue-9 to contact all references in regard to credit and financial responsibility.
- Blue-9 reserves the right to contact industry references prior to granting credit terms.
- If account becomes past due, Blue-9 reserves the right to put a “hold” on any future orders placed until the account is brought current. Blue-9 also reserves the right to apply a service charge at 1.5% per month. If the account is placed for collection, buyer agrees to pay 1.5% per month (18% per annum) service charge on unpaid balance. Buyer also agrees to pay all collection costs, including reasonable attorney’s fees when applicable.
- Returned checks are subject to a \$25.00 charge.
- Prices are subject to change without notice, however Blue-9 will try to provide 30 days notice whenever possible. Surcharges from our suppliers are passed on as received without notice.
- Claims of shortages, defects or errors in shipments must be reported to Blue-9 within 3 days of receipt of shipment. When verified, the seller’s liability shall be limited to replacement of goods and reasonable incidental handling charges. Failure to comply with this provision shall invalidate any claim by purchaser and purchaser shall be deemed to have accepted the goods and waived all claims.
- Returns will not be accepted without a Returned Materials Authorization Form issued by our customer service department. All returns are subject to a 20% restocking fee and returning freight cost.
- Credit Terms are not guaranteed to be granted and the review process can take 60 days for approval.
- If Terms and Conditions are not adhered to, Applicants wholesales status and credit terms may be revoked.
- Terms and Conditions are subject to change at any time, without notice, and at the sole discretion of Blue-9.
- Upon approval, an email will be sent to the main contact with login information and instructions for Blue-9.com to place orders and check status of open orders.



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E. Industry References

Company	Phone Number	Email	Account Number	Date Account Opened

F. Applicant's Signature

I hereby apply for reseller pricing and to become an independent retailer of Blue-9 Pet Products. I declare that I have carefully reviewed this agreement and agree to its terms as well as the Blue-9 Online and MAP policies.

Signature of Applicant: _____

Name (printed) _____ Date: ___/___/20___

FOR OFFICE USE ONLY
Authorization date: ___/___/20___
By: _____
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending
Comments: _____
