

Dealer Application and Open Credit Request

Business Name					Phone #		
Name of Owner or Principal							
List Legal Corporate Name if not the same as above							
Billing Address		City		State		Zip Code	
Shipping Address		City		State		Zip Code	
Website Name		eMail General					
Contact Name Invoices/Billings		Phone #		eMail			

Principal Owners Name		eMail		Mobil Phone		Title	
Home Address		City		State		Zip Code	
Home Phone Number		Social Security #		Date of Birth MM/DD/YYYY			

Type of Ownership:	Sole Proprietorship		Partner		Corp		Corp Type		Other	
Federal ID #			State Resale #				If Inc. What State		Date of Incorpor	
Years Under Present Mangament		Date Business Started		Store Square Footage		# of Employees		Last Year Total Sales \$		

Business Space:	Rent or Own						
Landlord or Mortgage Holder Name		Contact Name		eMail		Phone #	
Landlord or Mortgage Holder Address		City		State		Zip Code	

Do you use a line of credit or borrow from a bank or lending institute to cover inventory?	YES NO?	If YES please complete the following					
Name of Bank or Lending Institute		Contact Name		eMail		Phone #	
Landlord or Mortgage Holder Address		City		State		Zip Code	

Additional Owner(s) Info

Owners Name		eMail		Mobil Phone		Title	
Home Address		City		State		Zip Code	
Home Phone #		Social Security #		Date of Birth MM/DD/YYYY			

Owners Name		eMail		Mobil Phone		Title	
Home Address		City		State		Zip Code	
Home Phone #		Social Security #		Date of Birth MM/DD/YYYY			

Have you ever filed bankruptcy? YES of NO?		If YES when	
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Have any suits, leins, or attachments been filed against this business and/or principal(s) in this business?	YES of NO?		If YES when	
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AGREEMENT: As an owner/officer of my company, and an applicant applying for credit card/pre-pay or open terms, I certify that the information provided in this application is correct and agree to make payments in full for all valid purchases. By signing and submitting this credit application, I hereby grant Ebliss Global , a Delaware Corp d/ b/a eBliss Mobility Group and The Ride a Purchase Money Security Interest in all of its current and future inventory, including without limitation all of its inventory of products purchased from eBliss Mobility Group and The Ride and all proceeds of the same and further grant eBliss Mobility Group and The Ride limited power of attorney to execute one or more financing statements, amendments, continuations and termination statements pursuant to the Uniform Commercial Code of the state in which retailer is conducting business, satisfactory to eBliss Mobility Group and The Ride. This power of attorney is limited solely to the powers stated herein. Financial statements may also be required. By signing below, and in consideration for the credit extended me by eBliss Mobility Group and The Ride the undersigned hereby agrees to the following terms and conditions: We agree to pay all invoices rendered eBliss Mobility Group and The Ride within 30 days from invoice date, unless other arrangements have been made in writing to the dealer by eBliss Mobility Group and The Ride. If we fail to pay by the due date, we agree to pay an interest rate of 1.5% per month (or maximum allowed by law) calculated on a simple basis on the amount of the invoice. If eBliss Mobility Group and The Ride is required to take legal action to enforce payment, we agree to pay costs including reasonable attorney's fees and collection costs, or, at the option of eBliss Mobility Group and The Ride a specific sum of the total amount due, provided that this provision of attorney's fees and collection costs is void where prohibited by applicable laws. The undersigned certifies that he/she is authorized to execute this document and that all statements are true and correct. Verification may be obtained from any source named in this application. I/we authorize my/our creditor(s) and financial institution(s) such information as eBliss Mobility Group and The Ride shall request for the purpose of verification of any information or statements contained in this application and that a copy of this authorization may be used to obtain such information. I/we hereby authorize eBliss Mobility Group and The Ride to provide information contained herein to other credit reporting services and suppliers. If the credit customer is a corporation, partnership, or an LLC, then those signing this application, whether signing as an officer or not, personally guarantee payment for all products purchased on credit by the corporation, partnership, or LLC. See Personal Guarantee document on page 2 for full details. Completion of this credit application does not assure applicant will be extended open credit terms. I/We hereby agree to comply with the terms of this agreement and all applicable laws.

Signature of Applicant		Title		Signature of Applicant		Title	
Name of Signature		Date		Name of Signature		Date	

Business Name				Requested Amount of Credit			
Address		City		State		Zip Code	

VENDOR REFERENCE-

(Please provide info on any suppliers who have extended payment terms are credit to you)

Business Name		Contact		Phone #		Your Account #	
Address		City		State		Zip Code	
Business Name		Contact		Phone #		Your Account #	
Address		City		State		Zip Code	
Business Name		Contact		Phone #		Your Account #	
Address		City		State		Zip Code	
Business Name		Contact		Phone #		Your Account #	
Address		City		State		Zip Code	
Business Name		Contact		Phone #		Your Account #	
Address		City		State		Zip Code	
Business Name		Contact		Phone #		Your Account #	
Address		City		State		Zip Code	

DOCUMENTS TO BE ATTACHED TO THIS APPLICATION:

Your

application will not be processed until these items are attached

STATE RESALE LICENSE/CERTIFICATE: A copy of your business's state resale license or state resale certificate must be included with this application

FINANCIAL STATEMENT: Most Recent Year End Financial Statement with Income Statement & Balance Sheet [and Statement of Cash Flows if available] mustbe included.

PERSONAL GUARANTEE - REQUIRED -

In consideration of the extension of credit extended me by eBliss Mobility Group and The Ride to Applicant, the Guarantor does jointly and severally guarantee to pay and be responsible for all payments for all sums, balances and accounts due eBliss Mobility Group and The Ride from Applicant, including but not limited to collection charges and/or attorney's fees. This Personal Guarantee and any such extension of credit provided to Applicant shall be governed by the internal laws of the State of Texas, USA for eBliss Mobility Group and The Ride; and any default in the payment of any credit extension of applicant or dispute arising out of any such extension of credit, or arising out of this guarantee, may be subject to the venue in the courts in the county and state where eBliss Mobility Group and The Ride conducts business or in the courts in the county and state where dealer conducts business. This shall be an open and continuing guarantee and shall continue in force notwithstanding any charge in the form of such indebtedness existing prior thereto. Guarantor represents and warrants that the extension of credit being required are those solely pertaining to the Applicant's trade or business as a customary part of the conduct thereof by debtor, and neither the credit sought, nor this guarantee is being provided, for any personal, family or household purpose. I/We have fully read and understand the personal guarantee and agree to be bound by its terms. I/We hereby agree to comply with terms of this personal guarantee and all applicable laws. **[All owners > 20% to sign]**. I/We also agree to pay a 3% convenience fee when making payments using a credit card.

Signature of Guarantor		Title		Signature of Guarantor		Title	
Print Name of Guarantor		Date		Print Name of Guarantor		Date	
Signature of Guarantor		Title		Signature of Guarantor		Title	
Print Name of Guarantor		Date		Print Name of Guarantor		Date	

BANK REFERENCE & AUTHORIZATION: Please complete and sign the authorization below, and return this entire form to us with your credit application. By signing my name below, I authorize the bank named to release the requested information to eBliss Mobility Group and The Ride for the purpose of credit extension.

I/We authorize (Bank Name) _____ to furnisheBliss Mobility Group and The Ride with the information requested below, concerning all of my business accounts under the name(s) of the following:

Your Business Account Name				Contact Name- Bank			
Bank Address		City		State		Zip Code	
Checking Acct #				Loan #			

PLEASE DO NOT WRITE BELOW THIS LINE

RESEVERVED FOR INTERNAL USA ONLY

Initial Dealer's Order Amount \$

Dealer Territory- Define

Dealer Milage Range