



Aerospire Dealer Application

Aerospire is dedicated to providing quality products. Our Dealers are an important part of our success, and we look forward to building a relationship with you. If there is any way that we can help you make our products better, please let us know.

New Account Application. To become an authorized dealer, please complete the form below, scan it in, and e-mail it back to us at dealers@aerospire.com; or mail this form to Aerospire LLC, PO Box 25925, Honolulu, HI 96825. We will contact you after we receive your application.

Order Terms. Orders can be placed by calling us at 408-916-5925 or via email. There is no minimum order. Prices are subject to change without prior notice.

Payment Terms. We accept company checks and money orders. Dealers who select “Due Upon Receipt/Company Check” terms must send payment payable to “Aerospire LLC” within 14 days from the invoice date. All balances after 30 days are considered past due and the account may be suspended and/or converted to a cash basis. All returned checks are charged \$25 to the payment account. For Visa, Mastercard, and PayPal payments, there is a 3% additional charge.

Shipment & Freight. Orders will be shipped via insured USPS Priority Mail for US Dealers and USPS Global Express Mail for International Dealers. Other shipping options may be requested. Actual shipping charges will be charged for all orders. If there is an incorrect or damaged shipment, please contact Aerospire immediately for a return/replacement authorization number.

PART 1: Dealer Information

Business Name: _____

Website: _____

Type of Business: Corporation Company Partnership Sole Proprietor

Sales Outlets:
(Please check all that apply) Retail Store Online Store Catalog/Mail Order OEM Distributor

of Years in Business: _____

of Retail Stores: _____

Reseller Tax ID: _____

Federal Tax ID: _____

PART 2: Contact Information

Main Contact & Title: _____

Telephone: _____

Fax: _____

Email Address: _____

Billing Address: _____

City, State, ZIP, Country: _____

Mailing Address: _____

City, State, ZIP, Country: _____

Part 3: Payment Information

Payment Terms Requested: Prepaid/Credit Card (3% surcharge) Due Upon Receipt/Company Check

Accounts Payable Contact: _____

Telephone: _____

Email Address: _____

Part 4: Current References

Bank Name: _____

Account Name: _____

Bank Address: _____

Bank Phone Number: _____

Vendor #1: _____

Account #: _____

Vendor Address: _____

Sales Rep & Phone: _____

Credit Terms/Limit: _____

Vendor #2: _____

Account #: _____

Vendor Address: _____

Sales Rep & Phone: _____

Credit Terms/Limit: _____

By signing your name below, you certify that all the information provided is accurate and that you are an authorized representative of the company.

Signature & Date: _____

FOR OFFICE USE ONLY
DEALER ACCOUNT #: _____