



Bluefin Dealer Application

Business Information

Applicant's Legal Business Name _____

Trading as/DBA (Store Name) _____

Billing/Mailing Address _____

Store Phone _____

Office Phone _____

Fax: _____

24 Hr Emergency Phone _____

Shipping Address (if different) _____

Zoned As: ☐ Commercial ☐ Residential (Check One)
(Subject to Verification)

Email address _____

Retail Tax Number _____

Please attach Certificate of Resale

Purchasing Manager(s): Name _____ Title _____

Web Site address _____

Business Operations/Owner Information

Your business is: ☐ Solely owned ☐ A Partnership ☐ A Corporation ☐ An LLC
(Check one)

Please list all Principals:

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone # _____

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone # _____

Business References (wholesale suppliers, no less than 3)

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ Fax (____) _____

Account Number _____

Buying (Check one):

☐ COD/Money Order ☐ COD/Check ☐ Cash In Advance ☐ Open ☐ Credit Card

Credit Limit _____ Terms _____

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ Fax (____) _____

Account Number _____

Buying (Check one):

☐ COD/Money Order ☐ COD/Check ☐ Cash In Advance ☐ Open ☐ Credit Card

Credit Limit _____ Terms _____

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ Fax (____) _____

Account Number _____

Buying (Check one):

☐ COD/Money Order ☐ COD/Check ☐ Cash In Advance ☐ Open ☐ Credit Card

Credit Limit _____ Terms _____

Account Status (Your account to be, check one:)

☐ COD/Money Order ☐ COD/Check ☐ Cash in Advance ☐ Credit Card

If credit card, please provide the following:

Name on Card: _____ Expiration Date: _____

Credit Card Number: _____

CVV (3 digits on the back): _____

Check one: ☐ VISA ☐ MasterCard ☐ Discover

Billing address for Credit Card:

Address _____

City _____ State _____ Zip _____

Business Demographics

Years in Business_____ Number of Stores_____

Number of employees_____ Full Time_____ Part Time_____

Annual Sales Volume_____

Product focus:

Models	%
Cars	%
Planes	%
Boats	%
Military	%
RC	%
Anime	%

Do you own/lease your store?_____

Product Interests, Circle all that apply

☐ Gundam ☐ Mazinger Z ☐ Kamen Rider ☐ One Piece ☐ Dragon Ball ☐ Ultraman

☐ Mighty Morphin Power Rangers ☐ Godzilla (S.H.MonsterArts)

☐ Video Game Characters ☐ Model Kits ☐ Action Figures ☐ Fixed Pose

☐ Trading Figures Other:_____

Preferred Retail range: ☐ \$10-\$20 ☐ \$30-\$60 ☐ \$70-\$100 ☐ \$100+

Terms

I hereby acknowledge that the above information is correct and that any merchandise purchased from BLUEFIN, LLC will be for resale only.

I understand and acknowledge that placing an order with BLUEFIN, LLC constitutes doing business in California and is therefore subject to the laws of the State of California.

Should credit be granted by BLUEFIN, LLC, all decisions with respect to the extension or continuation shall be at the sole discretion of BLUEFIN, LLC. I understand that I may terminate any credit availability at my discretion at any time.

I agree to pay the Net Total before cash discount of my invoices in full within 30 days of invoice date. Payment within 10 days allows me to take advantage of all cash discounts. I acknowledge that if payment is not made within 30 days, a finance charge will be added to my account. All payments I make will first be used pay any unpaid finance charges and then pay the earliest charges to the account. Finance charges will be assessed at a 1.5% periodic rate (18% annual percentage rate) to the average daily balance. I also understand that I may prepay the account at any time without penalty.

In the event I/we tender payment of invoice by check and the check is dishonored by the bank for any reason, I/we agree to pay a \$25 charge for each dishonored check. In addition, I/agree to pay any late payment fees incurred on those dishonored checks.

It is my responsibility to give written notification to BLUEFIN, LLC prior to any change in ownership or an intended date to cease operation.

I also understand that any account I establish is for my exclusive use and is not transferable.

In the event this account becomes delinquent and is turned over to a collection agency or attorney for collection, I agree to pay collection fees and/or attorney fees of the past dues balance plus court costs, serving costs, and/or any other expenses incurred as a result of my failure to pay.

I authorize BLUEFIN, LLC to make whatever credit inquiries that it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance to this application. I authorize and instruct any person or credit reporting agency to compile and furnish to BLUEFIN, LLC any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application shall remain the property of BLUEFIN, LLC whether or not credit is extended.

Guarantee

In consideration of credit being extended by BLUEFIN, LLC to the named applicant _____ for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to BLUEFIN, LLC the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of the this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by BLUEFIN, LLC extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitle and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

*Must be signed by Owner(s) listed in Business Operations/Owner Information section

Signature _____ Date _____
 Printed Name _____ Position _____
 Social Security Number _____ - _____ - _____

Signature _____ Date _____
 Printed Name _____ Position _____
 Social Security Number _____ - _____ - _____