

MOBILISTICS DEALERSHIP APPLICATION

PAYMENT TERMS

MOBILISTICS DOES NOT OFFER OPEN ACCOUNT TERMS. PAYMENT MUST BE MADE BY CREDIT CARD, WIRE TRANSFER, COMPANY CHECK OR CASHIERS CHECK/MONEY ORDER, ONLY. WE MUST RECEIVE ALL OF THE FOLLOWING FROM YOUR COMPANY TO QUALIFY FOR DEALER PRICING: 1. A COMPLETED DEALER APPLICATION. 2. COPY OF RESALE LICENSE. 3. OKLAHOMA DEALERS MUST FILL OUT A RESALE TAX FORM OR SALES TAX WILL BE CHARGED UNTIL THE FORM IS RECEIVED. 4. A PHOTOGRAPH OF YOUR PLACE OF BUSINESS. 5. A COPY OF YOUR BUSINESS CARD OR YOUR COMPANY'S YELLOW PAGE AD.

GENERAL INFORMATION

Legal Name _____

Doing Business As _____

Address _____

Phone _____ Fax _____

Owner / Officer _____ Title _____

Social Security Number _____ Drivers License # _____

BANK INFORMATION

Bank Name _____ Address _____

Phone _____

Checking Acc.# _____ Contact _____

INDUSTRY REFERENCES (MUST BE SUPPLIERS THAT ARE ACTIVELY DISTRIBUTING RELATED PARTS TO YOUR BUSINESS)

Name _____ Ph. _____ Acc# _____

Name _____ Ph. _____ Acc# _____

Name _____ Ph. _____ Acc# _____

BUSINESS DESCRIPTION

Sole Proprietorship Partnership Corporation Incorporated in the state of _____

Length of time in business under name above _____ Length of time at business address above _____ Number of branches managed by you _____

This application is submitted by applicant to Mobilistics, LLC for the purpose of obtaining dealership status. Mobilistics, LLC, reserves the right to decline dealership status to applicant and, in the event the dealership status is approved, to change or revoke applicant's dealership status on the basis of changes in dealership policies or applicant's financial condition and/or payment record. All sales of products and services by Mobilistics, LLC to applicant will be subject to Mobilistics, LLC terms and conditions as printed in the current Mobilistics, LLC Price List. By signing this application, applicant certifies that all information provided on this application is deemed true and correct. Applicant hereby authorizes the release of credit and banking information to Mobilistics, LLC by the references listed on this application. After 24 months of inactivity applicant must re-apply for dealership status.

Furthermore, the undersigned _____ (print name) hereby guarantees the full and immediate payment to Mobilistics, LLC all indebtedness hereafter incurred by _____ (print company name) for purchase made or to be made from Mobilistics, LLC.

Owner / Officer _____ Date _____

Authorized Signature _____

For Mobilistics Use Only

Approved By: _____ Date: _____ Dealer

Number: _____ Contact Name: _____

Department: _____ .O.D. Company Check: _____ Credit Card: _____ Cashiers Check Only: _____

MAIL OR FAX APPLICATION TO: MOBILISTICS, 10 GARTH BROOKS BLVD, YUKON, OK 73099 FAX # 405-350-1470