



160 Gregg Street - Suite 7 - Lodi, NJ 07644
 Phone: 973.709.9000 Fax: 973.709.1000
 Email: Sales@StreetGlow.com
 SALES: 800.STREETGLOW (787.3384)

**RESELLER AGREEMENT
AND CREDIT APPLICATION**

Please fill out the form in its entirety,
print, sign and send back to,

Email: apps@streetglow.com or Fax: 973.709.1000

Date Sent _____

Est. annual volume _____

CREDIT CARD TERMS / \$300 MIN PER ORDER

Pricing PBL:30

PREPAID FREIGHT:\$1500 (contiguous USA)

For Company Use Only:

Date Approved _____

Sales Rep. _____

Customer # _____

Credit Limit \$ _____

Legal Name of Account _____

D/B/A (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Buyer Email _____ Website _____

Fed. Tax I.D. # _____ Resale Certificate # _____

CHECK ONE: INDIVIDUAL PROPRIETORSHIP PARTNER CORPORATION LLC

TO BE COMPLETED BY BUSINESS OWNER(S): List all stockholders, Partners, LLC members, or Owners. (Add additional sheet if needed.)

Name _____ Title _____

Home Address _____

City _____ State _____ Zip _____

Phone # _____ Cell Phone # _____

Social Security _____ Email _____

BANK INFORMATION: Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Acct # _____

TO: StreetGlow, Inc. and any affiliated companies, successors and or assigns StreetGlow, Inc.

I / We authorize you and your credit investigation agency to contact and receive information on my business background, reputation and personal character, and may furnish credit information on my account to other suppliers or credit reporting agencies. It is understood this information will be held in the strictest confidence and used only by your credit department.

I / We certify that the within information is true and correct and that the account will be paid in accordance with your credit terms. The undersigned understands and recognizes that if there is a delay in prompt payment of any debt due, that you may be required to expend money, manpower and overhead in the collection, billing, supervision and solicitation of the past due obligations. In consideration thereof, I / We agree that the unpaid balance will be subject to the imposition of a late fee at the rate of 2 % per month (24 % per annum), or such other rate permitted by the laws of New Jersey, should the same remain unpaid beyond thirty days from date of invoice. In the event that you are required to retain or hire an attorney to collect the debt referred to herein, then the undersigned shall pay attorney fees equal to 25% of the said amount plus cost, in addition to the sums otherwise due to StreetGlow, Inc. and / or any affiliated companies, successors, and / or assigns of the above corporation. I / We agree to be responsible for any purchases made by any and all representatives of me or my company unless I notify you, in writing, of any purchase restrictions. If I fail to notify StreetGlow, Inc. in writing within 10 days of receipt of goods, all transactions will be deemed authorized and accurate purchases subject to the terms of this agreement. The undersigned agrees to the terms and conditions available at www.streetglow.com, incorporated herein by reference.

Signature _____

Signature _____

Print Name _____

Print Name _____

Date _____

Date _____

***NOTE: If corporate account, all stockholders must sign. If partnership, all partners must sign. If LLC, all members must sign.**