

**Marine Life Distributor**

**P.O. Box 2746 Sanford, Florida 32772 USA Fax: (407) 330 - 3240 www.MarineLifeDist.com**

Please fill out this form then fax/mail back to us with a copy of your business license (county and/or city), your yellow page listing, your resale certificate, State Sales Tax Certificate, and in Florida, your Florida Wild Life Retail Certificate.

**STORE Name** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If a Corporation, enter Corporate Name \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Phone**(\_\_\_\_) \_\_\_\_\_ **Fax**(\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Manager** \_\_\_\_\_ **Business Since** \_\_\_\_\_ **Store Hrs** \_\_\_\_\_ **to** \_\_\_\_\_

**Size of Store** \_\_\_\_\_ sq-ft. **Size of Saltwater System** \_\_\_\_\_ gallons

**Shipping Account: Airport** \_\_\_\_\_ **Airlines** \_\_\_\_\_

**OWNERS/OFFICERS Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Home Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Drivers Lic #** \_\_\_\_\_ **State** \_\_\_\_\_

**Email** \_\_\_\_\_

**California Store: yes / no** if yes fill in **Soc Sec #** \_\_\_\_\_

**Trade References:**

**Company Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Bank Information:**

**Company Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_  
**Savings Account Number:** \_\_\_\_\_

**You Must List the following information on all persons authorized on account**

All information below is held in confidence and used for non-sufficient funds as required by our State Attorney's Office

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Hair: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Driver License State: \_\_\_\_\_  
Driver License #: \_\_\_\_\_  
S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Hair: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Driver License State: \_\_\_\_\_  
Driver License #: \_\_\_\_\_  
S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Please send or fax a copy of the driver's license of each person.**

IF PAYING WITH CREDIT CARD – I authorize Marine Life Distributor to charge my:

Visa/MC # \_\_\_\_\_ Exp \_\_\_\_\_ Billing ZipCode \_\_\_\_\_

Name on Card \_\_\_\_\_ Auth. Signature \_\_\_\_\_

**RESALE CERTIFICATE**

FIRM NAME \_\_\_\_\_

I HEREBY CERTIFY,

That I hold a valid seller's permit # \_\_\_\_\_ issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling LIVE TROPICAL FISH AND/OR AQUARIUM SUPPLIES that the tangible personal property described herein which I shall purchase from Marine Life Distributor will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay the tax, measured by the purchase price of such property. Property to be purchased: LIVE TROPICAL FISH AND/OR AQUARIUM SUPPLIES.

Dated \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner or Executive Officer

Applicant Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

**Please Fax back to us: 407-330-3240**

|                         |                   |                   |                 |               |
|-------------------------|-------------------|-------------------|-----------------|---------------|
| <b>Office Use Only:</b> | Salesperson _____ | Date: _____       | Store(____)     | Service(____) |
| Data Entry by _____     | Approved by _____ | User Name: (____) | Password:(____) |               |

**\*\* DOA POLICY\*\***

**Please read and understand the policy thoroughly.**

DOA means Death on Arrival, it does not imply losses experienced afterward.

First 10% (\$ of product value) DOA to be absorb by customer.

Anything above 10% should be reported within 24 hours along with photo image records, send it by email to [service@marinelifedist.com](mailto:service@marinelifedist.com). Upon approval, we will furnish Replacement Credit on your next order.

Replacement Credit is applied only to products i.e. fish, corals, inverts, etc. Freight, other cost & fees can not be credited and have to be paid in full.

Any DOA caused by delayed flight or negligence and/or mishandling by carrier should be directed to the carrier, file a claim directly to carrier at time of pick-up.

Replacement Credit is subject to approval. Marine Life Distributor reserves the right to refuse any DOA claims for any reasons.

Average DOA Rate on Product based on experience is less than 10%.

|                            |   |
|----------------------------|---|
| Example 1                  | Example 2   |
| Product Amount \$500.00    | Product Amount \$500.00   |
| DOA \$45.00 (9%)           | DOA \$65.25 (13.10%)  |
| Customer absorbs first 10% | Customer absorbs first 10%  |
| No Replacement Credit      | Upon approval, Replacement Credit of \$15.25 will be credited to next order |
|                            | \$65.25 - \$50.00 = \$15.25   |

**Please Note:**

Any inconsistency DOA report, unreasonable high DOA claim, repeated inconsistency and unreasonable high DOA claim may not be approved and may lead to end this business relationship.

Applicant understands and agrees with Marine Life Distributor's DOA Policy.

Acknowledgment Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner or Executive Officer

Acknowledgment Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

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