RSLVE

Date:_____

I/We herewith submit an application to Resolve Outfitters, LLC /RSLVE (hereinafter "Vendor") for credit, or an increase of reconfirmation of our existing account. The undersigned gives and grants Vendor, or their agent, permission to verify or re-verify all information stated herein at any time. I/We hereby agree that all credit granted and/or extended shall be paid timely in accordance with Vendor's normal terms. I/We do affirm that all information supplied is true and correct.

***** PLEASE ANSWER ALL QUESTIONS (Type or Print Clearly) *****

Company Name: _____ ☐ Partnership ☐ Proprietorship ☐ Incorporated _____

If Incorporated; where? _____

Business Name_____ Fed ID # _____

Address: _____ City: _____ State: _____ Zip: _____

Years in Business: _____ If less than one year, list previous Business Name & Address_____

_____

Phone: (__) _____ Fax: (__) _____ Toll Free: (__) _____

Website: _____ Email: _____

Please select a payment method: ☐**CREDIT CARD** ☐ **NET 30**

LIST ALL BANK ACCOUNT AND

Co. Bank: _____Acct # _____ City _____ State: ____ Phone: (__)_____

LIST THREE TRADE REFERENCES

Name: _____Acct # _____ State: ____ Phone: (__)_____Fax: (__)_____

Name: _____Acct # _____ State: ____ Phone: (__)_____Fax: (__)_____

Name: _____Acct # _____ State: ____ Phone: (__)_____Fax: (__)_____

LIST PRINCIPAL(S) OF COMPANY WITH TITLE(S)

Name: _____ SSN #_____ Title: _____

Address: _____ City _____ State_____ Zip _____

Name: _____ Title: _____

Address: _____ City _____ State_____ Zip _____

Authorized Purchasers_____ Is PO # Required? _____ **Amount of credit desired? _____**

DEFAULT AGREEMENT

Should the undersigned default on any obligation incurred under this agreement and the Vendor refers this account to his attorney for collection and/or legal action, the undersigned agrees as follows: to pay the principal due, attorney fees and all costs of any nature incurred by the Vendor to pursue the delinquent obligation. In addition 15% of the principal amount due shall be added to the principal as liquidated damages to cover any and all additional expenses to Vendor. In the event of a dispute or litigation between the parties, it is hereby agreed that jurisdiction and Venue shall vest in Stuart, FL Central District or Martin County at the sole discretion of the Vendor. All other venues are hereby expressly waived.

Signed by _____ Title: _____ Date: _____

Please SIGN and PRINT name above; NOTE: Signature must be Owner, Partner of Officer

Guarantor X_____ Guarantor X_____

Please SIGN and PRINT name above; NOTE:Signature must be Owner, Partner of Officer