# UAS

## 2227 Bee Ridge Rd Sarasota, FL 34243 Ph: 941-706-4000 - Text: 941-921-5680 Fax: 941-346-6307 Email: uasinc.info@gmail.com

#### **Dealer/Distributor Application Form**

Business name:	name: EST Year:		T Year:
Address:			
City:	State:	Z	Cip code:
Phone #:		Country:	
Contact Person:			
Email:		Website:	
Instagram:	_ Facebook:	(	Other:
Type of Business:		State / Local Sales Ta	x #:
•			•
<b>Billing Information</b>			
Name on Credit Card:			
Credit Card Number:			
Credit Card expiration date:		CCV:	
Billing Address:			
City:	State:	Z	Cip code:

Sales drafts will be processed for full order invoice amount. Charges will continue to be made for all recurring, subsequent, contemporaneous or past orders, unless otherwise instructed at the time of order, or until card holders advises in writing and delivers that such authorization is revoked.

Card Holder Signature:

#### **Order Information**

- Initial minimum Dealer order must be a minimum of \$2,000; to maintain dealer discounts an order of \$1,000 needs to be placed quarterly.
- Initial minimum Key Dealer order must be a minimum of \$5,000; to maintain key dealer discounts an order of \$3,000 needs to be placed quarterly.
- Initial minimum Distributor order must be a minimum of \$15,000; to maintain distributor discounts an order of \$10,000 needs to be placed quarterly.

Inactivity may result in account being placed in an inactive status, a new application may be required to reactivate account.

Date expected for initial order: \_\_\_\_\_ Amount expected: \$\_\_\_\_\_

### M.A.P. Policy

• Total retail price must not be discounted more than 10% of MSRP, unless written prior authorization is provided.

Print Name:	Date:
Authorized Signature:	Title:
Email this for	n to uasic info@gmail.com

Email this form to <u>uasic.info@gmail.com</u> or Fax to 941-346-6307