



NEW DEALER APPLICATION

The information below will be kept confidential and is requested solely as a basis to begin business with Daron Worldwide Trading, Inc. Please include this application with your initial order and fill out the resale certificate on the back of this application.

Allow 7 days for new credit approval. Minimum opening order \$200.
Prepayment required with first order.

Business Name _____ Date _____
 Owners Name _____ TAX ID# _____
 Billing Address _____ DUNS# _____
 City _____ State _____ Zip _____
 Tel () _____ Fax () _____ Email _____
 Ship To Address _____ Ship To City _____
 Ship To State _____ Ship To Zip _____
 Requested Password for Online Ordering at www.daronwwt.com (case sensitive) _____
 Request DARON Wholesale Catalog YES NO, I HAVE ONE
 Year Business Began _____ Type of Business _____ Monthly Sales _____
 Business Entity Sole Proprietorship Partnership Corporation, State of Corp
 Who authorizes payment? _____ Tel () _____
 Customer Contact (Buyer) _____ Tel () _____

CREDIT CARD INFORMATION

Do you wish to pay for all purchases by Credit Card? YES NO (IF YES, SKIP CREDIT APPLICATION)
 Credit Card Type: VISA MASTER CARD AMERICAN EXPRESS DISCOVER
 Credit Card # _____ Exp. _____ Name on Card _____ CVC _____

BANK INFORMATION

Bank _____
 Address _____
 Tel () _____ Fax () _____
 Account Number _____ Officer (contact) _____

CREDIT APPLICATION (SKIP IF PAYING BY CREDIT CARD)

We authorize these references to release credit information. Authorized by _____
 Supplier Name _____ Ace # _____ Fax() _____
 City _____ State _____ Zip _____
 Supplier Name _____ Ace # _____ Fax() _____
 City _____ State _____ Zip _____
 Supplier Name _____ Ace # _____ Fax() _____
 City _____ State _____ Zip _____

We certify that the above information is correct. All invoices are due in full according to terms. In the event of any legal or collections actions, we agree to pay cost of collection of past due amounts including attorney fees and court losses.

Signature X _____ Title _____ Date _____

Print Name _____

RESALE CERTIFICATE

RESALE CERTIFICATE

I hereby certify,

That I hold a valid seller's permit number: _____

Which has been Issued pursuant to the Sale and Use Tax Laws in the State of _____

That I am engaged in the business of selling _____

That the tangible merchandise described herein which I shall purchase from Daron Worldwide Trading, Inc. will be resold by me in the form of tangible personal property; Provided, however, that in the event any 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 tax, measured by the purchase price of such property.

Dated _____ Signature _____

Print Full Name _____ Title _____

PLEASE COMPLETE THIS RESALE CERTIFICATE FORM AND RETURN WITH YOUR APPLICATION ON REVERSE SIDE.



Daron Worldwide Trading LLC.

24 Stewart Place, Unit 4

Fairfield, NJ 07004 USA

Tel: 973-882-0035 Fax: 973-882-8322

Toll Free Order Line: (800) 776-2324

Email: sales@daronwwt.com