

# **PKS Kiteboarding Distribution**

## **Proof of Kiteboarding Related Business**

All customers must show proof of being a kiteboarding related reseller to buy at wholesale.

\*Please complete the form below and return to CrazyFlyUSA with a copy of your business license

*Business Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Name of Seller:* \_\_\_\_\_

*Business Address(ship to address):* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_

*Email:* \_\_\_\_\_ *Website:* \_\_\_\_\_

**Billing** address if different then shipping: \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

Single Owner       Proprietorship       Partnership       Corporation

*Federal Tax identification number:* \_\_\_\_\_

*Seller's Permit number:* \_\_\_\_\_

\_\_\_\_\_  
*Name (Printed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

Prokitesurf/Kiteboarding.com  
623 N Chaparral St.  
Corpus Christi, TX 78401  
361 883 1473 ph  
361 883 1539 Fax

**Credit Application**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Do You have a store Front? YES\_\_ NO\_\_ If no do you plan on having a store front, and when? \_\_\_\_\_

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**Credit Card info:** Type of card; \_\_\_\_\_ Card #: \_\_\_\_\_ Exp date; \_\_\_\_\_

Name as appears on card; \_\_\_\_\_

Billing address if different then shipping: \_\_\_\_\_

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Contact Name: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Trade References:*

1) Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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*Signature*

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*Title*