

UNDERWATER WORLD

WWW.UWWE.COM

7/12

5242 W. 104TH ST., LOS ANGELES, CA 90045. (310)-670-1502. FAX (310)-695-6734

Please fill out this form then fax/mail back to us with a copy of your resale certificate/business license.

STORE Name _____ Date ____/____/____

If a Corporation, enter Corporate Name _____

Street Address (no PO Box) _____

City _____ State _____ Zip _____

Country _____ 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 _____ Airline _____

OWNERS/OFFICERS Name _____ Title _____

Home Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Drivers Lic # _____ State _____

California Store: Soc Sec # _____

IF PAYING WITH CREDIT CARD - please fill out credit card authorization form

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 UNDERWATER WORLD ENTERPRISES 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.

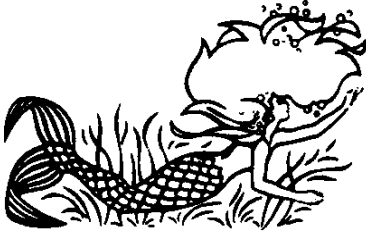
Dated _____ 20 _____ By _____

Title _____ Phone (____) _____

Office Use Only: Salesperson _____ Date: _____

Store(____) Service(____) Data Entry by _____ Approved by _____

underwater world enterprises



WHOLESALE TROPICAL FISH

TRANSHIP • IMPORT • EXPORT

5242 W. 104th ST., LOS ANGELES, CA 90045

FAX: (310) 216-2948 / (310) 670-1502

CREDIT CARD SALES AUTHORIZATION

Date: _____

Store Name : _____

Store Address : _____

I, _____ hereby authorize Underwater World to charge my credit card

VISA / Master Card No _____ expiration _____

Three digit security code from the back of my card (on signature panel) _____

for purchases of live tropical fish and aquarium supplies for

(store name). My credit card billing address is (where your credit card statement is sent, include full billing address including zip code)

Street Address _____

City _____ State _____ Zip _____

Name on the credit card:

This authorization shall be in effect until Underwater World receives written notice to cancel this authorization. Cancellation of this authorization shall not void any obligations I have for payment to Underwater World for any outstanding charges due Underwater World.

Please attach copy of the FRONT AND BACK OF YOUR CREDIT CARD.

Card Holder Signature,
