



When completed please fax to 1-626-581-0777, or scan and E-mail to: sales@kwausa.com or mail to: KWA Performance Industries, Inc. Attn: New Account 18571 E. Gale Ave City of Industry, CA 91748 If you have questions, please call 1-626-581-1777

Dear Prospective Reseller,

Thank you for considering KWA Performance Industries, Inc. as one of your vendors. We would be delighted to add your company to our list of authorized resellers. Please read the included sales policy and fill out this form and either fax, E-mail or mail it back to us along with all of the necessary documents [see below]. Once received, we will process your application as quickly as possible. Please allow 10 -14 days for processing.

You must include all of the applicable documentation listed below along with a completed KWA Performance Industries, Inc. Authorized Reseller Application in order for us to process your application.

1. A completed KWA Performance Industries, Inc. Authorized Reseller Application
2. A photograph of your retail store with signage that clearly identifies your store and its address
3. A copy of a voided check from your company
4. A copy of your city's Business License
5. A copy of local phone directory listing your business and address
6. A properly completed Resale Certificate [California Only]
7. A copy of your import license or documentation that exempts airsoft product from restriction (International Accounts Only)

SECTION 1 : OWNERSHIP

Legal/Registered Business Name: _____

Other Name(s)/DBA: _____

Owner/Officer-1: _____ Title: _____

Phone: _____ Email: _____

Owner/Officer-2: _____ Title: _____

Phone: _____ Email: _____

SECTION 2 : CONTACT INFORMATION

Primary Contact: _____ Title: _____

Phone: _____ Email: _____

Alternate Contact: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____



SECTION 2: CONTACT INFORMATION (continued)

Main Phone: _____ Alt. Phone: _____ Fax: _____

Website URL: _____

Shipping Address (if different): _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Alt. Phone: _____ Fax: _____

SECTION 3: BUSINESS INFORMATION

Type of Business: Retail Store Front Internet Store Law Enforcement Sales
 Trainer Wholesaler Airsoft Field

Number of Years in Business: _____ Annual Sales \$: _____ Number of Sales Staff: _____

Number of Locations: _____ (if more than one location, please provide a list of all other locations at the end of this section)

Operating As: Proprietorship Partnership LLC Corporation
 Others (please list): _____

Federal Tax I.D. or Social Security #: _____

State Resale License # (if applicable): _____ D&B # (if applicable): _____

Account Payable Contact: _____ Title: _____

Phone: _____ Email: _____

Invoice and receipt preferred send method: Mail E-Mail

Additional Business Location(s)

Address: _____

Contact: _____ Phone: _____ Email: _____

Address: _____

Contact: _____ Phone: _____ Email: _____

Address: _____

Contact: _____ Phone: _____ Email: _____



SECTION 4: BANKING

Bank Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking Account #: _____

Saving Account #: _____

SECTION 5: TRADE REFERENCE (minimum of 3)

Name 1: _____

Contact Person: _____ Account #: _____

Phone: _____ Fax: _____

Name 2: _____

Contact Person: _____ Account #: _____

Phone: _____ Fax: _____

Name 3: _____

Contact Person: _____ Account #: _____

Phone: _____ Fax: _____

Name 4: _____

Contact Person: _____ Account #: _____

Phone: _____ Fax: _____



PLEASE INCLUDE ALL REQUIRED DOCUMENTS. INCOMPLETE INFORMATION OR MISSING DOCUMENTS WILL DELAY THE APPLICATION PROCESS.

By signing and submitting this application, Applicant acknowledges and agrees to the following:

This application is submitted for review by KWA Performance Industries, Inc., its officers, employees and agents.

KWA Performance Industries, Inc. may in reviewing this application investigate and evaluate the credit worthiness, general reputation, character, background and business experience of the applicant and the applicant expressly requests and authorizes any individual, partnership, or corporation to provide KWA Performance Industries, Inc., its employees and agents [including independent investigative agents] with any and all information which may be requested of them in connection with the review of this application.

If you listed a DBA or another name under which you are doing business in section 1 of this application, by signing below, you acknowledge and agree that such other name(s) may be liable for all obligations contained herein as if the applicant of record.

This application does not bind applicant to accept, nor does it obligate KWA Performance Industries, Inc. in any way to offer, a KWA Performance Industries, Inc. Authorized Reseller Agreement. Any options on real estate or investments made or expenses of any kind incurred by applicant in anticipation of or in preparation for this application are done solely at the applicant risk and its own responsibility, and does not obligate KWA Performance Industries, Inc. or any of its representatives in any way.

KWA Performance Industries, Inc. and its representatives have made no representations, assurance, or guarantees as to the profitability or success of the proposed reseller venture, and that the ultimate profitability or success of the proposed venture depends on future market conditions and economic factors that are beyond the applicant's and KWA Performance Industries, Inc.'s control. As a result, the applicant's investment in the proposed venture is made solely at the applicant's risk.

Any material misrepresentation or omission, intentional, or unintentional, in the information supplied by the applicant in connection with this application shall constitute grounds for immediate termination of any Authorized Reseller Agreement subsequently entered in to by the applicant and KWA Performance Industries, Inc..

The undersigned certifies that he/she has read the KWA Performance Industries, Inc. sales policy and foregoing application and that the information supplied herein is true and correct to the best of his/her information and belief.

Applicant Signature: _____ Date: _____

Co - Applicant Signature: _____ Date: _____

FOR KWA INTERNAL USE

Received Date: _____ Processed By: _____ Category _____

Approved: Declined: By: _____ Date: _____ Terms: _____

Comments: