



AUTHORIZED RESELLER APPLICATION

PHONE: 702-623-9223

ADDRESS: 900 Wigwam Pkwy Ste #135 Henderson, NV 89014
 Fax: 702-978-6915 EMAIL: SALES@CHOFFY.COM

BUSINESS INFORMATION	Legal Business Name		DBA (doing business as/trade name)	
	Billing Address		City	State Zip
	Shipping Address <input type="checkbox"/> (same as business address)		City	State Zip
	Federal Tax ID #	Type of Business <input type="checkbox"/> Grocery <input type="checkbox"/> Food Service/Café <input type="checkbox"/> Natural Foods Store! <input type="checkbox"/> Health/Fitness <input type="checkbox"/> Medical <input type="checkbox"/> Online <input type="checkbox"/> Drug Store/Pharmacy <input type="checkbox"/>		
	Date Established	Phone #	Business Fax #	Business Website
	Authorized Purchaser		Email Address	Phone #
	AP Contact		Email Address	Phone #
	Sales Channels (please list all websites, storefronts, or other channels where you plan to sell Choffy products)			

BUSINESS INFORMATION	<p>To qualify for wholesale purchases, you must be a valid business with a business resale exemption certificate. Ordering \$150 minimum order after all discounts unless otherwise negotiated. No split cases. Orders must be emailed. No phone orders. Payment Credit card, bank transfer, or check acceptable. Terms review after 60 days and/or two credit card payments. \$25 charge for all returned checks. Accounts over 30 days may be suspended and charged 1.5% interest monthly. Shipping Orders usually ship within 5-7 days. All orders are FOB unless qualified by promotion. Report exterior carton damage to carrier within 24 hours. Returns/Defects Damage to product or shipping errors must be reported to Choffy within 3 days of receipt. Returns must be arranged within 30 days of receipt and received by Choffy within 45 days of receipt. Sales & Marketing No international sales permitted. No online marketplace sales (e.g. Amazon, eBay, Rakuten, etc). We do not offer drop shipping. May not be sold to any party who will resell the product. Minimum Advertised Price (MAP) applies [choffy.com/map.pdf]. Intellectual Property Upon acceptance of this application, Choffy grants applicant a non-exclusive, non-transferable, non-sublicensable license to use Choffy logos, trademarks, images, designs, and trade names in connection with the promotion and sale of Choffy products. Choffy reserves the right to limit the use of said property if use is not in accordance with Choffy brand guidelines as they determine in their sole discretion. Indemnification You agree to indemnify, defend and hold harmless Choffy, its directors, officers, employees, assignees and agents and defend any action brought against same with respect to any claim, demand, cause of action, debt or liability to the extent that such action is based upon a claim that: if true, would constitute a breach of these terms; and/or arises out of your negligence or willful misconduct. Jurisdiction Any and all disputes or legal matters shall be governed by the laws of the State of Nevada. Modification Choffy reserves the right to modify these terms and conditions at any time for any reason.</p>	
	I understand and agree to these terms and conditions X _____ Date _____	

CC AUTHORIZATION	Name on Card		<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AmEx <input type="checkbox"/> Discover		
	Card Number		Expiration Date	CVC	
	Authorized Signature		Date		
	By providing a credit card number and expiration date above, I agree to and irrevocably authorize Choffy Inc. to charge the credit card for orders placed including shipping and handling charges if applicable.				

Product	# of Cases	Price/Case	Line Totals

Subtotal \$	
Shipping & Handling \$	
TOTAL ORDER AMOUNT \$	

Billing Information:

Name _____
 Company _____
 Address 1 _____
 Address 2 _____
 City _____
 State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

Shipping Information: Same as Billing

Name _____
 Company _____
 Address 1 _____
 Address 2 _____
 City _____
 State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

Payment Options: Visa Mastercard AMEX Discover

Name _____ Exp. _____
 Card # _____ CVV _____

Authorized Signature _____

By signing this order form I agree to pay all amount(s) owed within 30 days of when such amount(s) are incurred. I agree that it is and shall remain my responsibility to pay all amount(s) owing as set forth herein. I agree that interest will accrue on all past-due amount(s) at the rate of 18% per annum(1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third party debt collection agency, I agree that in addition to any other amount(s) allowed for by law (such as interest, court costs, reasonable attorney's fees, etc.) I will also be responsible for a collection fee of up to 40% of the principal amount(s). The terms of this paragraph shall apply to all amount(s) incurred by me or by any individual for whom I have legal responsibility whether such amount(s) are incurred today or after today.