

New Account Application

Legal Business Name: (Must Match Sales Tax Certificate)	Owners and Authorized Buyers	Title:
	Name	Title
DBA Name if Applicable:	Name	Title
	Name	Title
Billing Address:	All Owners must sign below and provide ID	E.G. Owner, Buyer, Manager, etc
STREET Apt#		L.G. Owner, buyer, manager, etc
CITY STATE ZIP	Email Address: required	
Shipping Address:	Sales Tax Certificate #: (Must Include Cop)	of Certificate) State:
STREET Suite #		
CITY STATE ZIP		Remove Add Additional Acco
Phone: (XXX-XXXX) required Driver's License #:	Change Owner Delivery Type: Posidential Co	er/Buyer Sports Gami
Web Address:	Facebook Page: (Sports Only)	mmercial Fulfillment Center
WED Address.		
PAYMENT INFORMATION		
Payment method (please only check one): * MC: * VISA: ** Name on Card: Card #:	→ AMEX: **AMEX is 3% higher	cash prices. *MC/VISA are 2% higher and cash prices. V-Code:
		, p date.
Card Billing Address:		
STREET STREET	CITY	STATE ZIP
The cardh	older must be an Owner or authorized buyer	on this account. By signing
below and	d providing credit card info, you are authorizin	g Peachstate Hobby
Signature of Cardholder Sign with pen ordered.	on, LLC to charge your credit card for any ship	ments that are pre-ordered or
CUSTOMER AGREEMENT		
The undersigned "Owner" certifies that the information on this application i	is true and correct to the best of his/her know	ladge The Owner and
Peachstate Hobby Distribution, LLC ("PHD"), agree to submit any questions	concerning execution of the credit terms to t	he jurisdiction and the judicial
processes, laws, and tenets of the state of Florida. PHD reserves the right t	o obtain a credit report in order to establish t	erms.
Payment Discrepancies Payment for all products ordered and delivered to the applicant will be mad	le in accordance with the payment and/or cred	lit terms established. Fees will
be assessed on any returned checks or ACHs. No items will be accepted fo	r return without prior authorization. A 20% re	-stocking fee will be applied to
any authorized returned items. A $1\%\%$ finance charge will be assessed on a incurred in the pursuit of collection of outstanding debts owed to PHD, including		
remains property of PHD, until paid for in full.		
Personal Guarantee The Owner signed below hereby personally guarantees to pay in full any obto PHD. It is understood that this guarantee shall be a continuing and irrevo		
below, the Owner is agreeing to ALL terms stated on this application. Print Name of Owner(s):	Social Security #: D	ate: required
Time rame of owner(3).	Social Security #.	acc. required
	PHD Rep Who Helped You:	
	The hep with the ped tod.	
Signature of Owner(s) Sign with pen		

Please email this completed Application, your Resale Certificate (some states may require additional forms), and Drivers License for ALL owners to accountsetup@phdgames.com.