



ATHENA

USA

ATHENA USA, 2308 58th Ave E, Bradenton, FL 34203

Phone # 1-844-447-0377

Fax # 941-896-7906

NEW DEALER INFORMATION

Thank you for your interest in Athena Products. The following are requirements that we require for all new dealers and are strictly enforced.

REQUIREMENTS:

- Complete dealer application form
- A Valid business license from your state
- Tax exempt certificate

HOURS OF OPERATION:

MONDAY THRU FRIDAY 9:00am to 6:00pm EST

SALES TERMS AND POLICIES

PAYMENTS:

- Payments **Must** be made by credit card or certified bank checks.
- NO Personal checks accepted.

BACK ORDERS:

- Back orders will be held unless otherwise instructed

RETURN POLICY:

- All returns must be within 30 days from the date of sale.
- All returns must be accompanied with a copy of the original invoice and reason for the return in writing.
- All returns are subject to a 20% (\$5.00 minimum) restocking fee.

We do our best to maintain our pricing during the year however; we reserve the right to adjust prices as our costs increase. You should always verify pricing at the time the order is placed and when you receive your invoice. Terms and policies are subject to change without prior notice.



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DEALER APPLICATION

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail Address: _____ Web-site Address: _____

Owner's Name: _____ Years in Business: _____

Owner's Address: _____

State Sales Tax ID #: _____

Person Purchasing: _____

Are you a Franchised Dealer? _____ Which Franchise? _____

You may mail, fax, or Email this application. Please include a copy of the Following:

1. A valid business license (tax ID #) and current state sales tax certificate.
2. Recent photos of your shop.

Without these items your application will not be processed.

We appreciate your cooperation in completing the above information and sending your copies will speed up your approval as a dealer.



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CREDIT CARD AUTHORIZATION FORM

Below is a credit card authorization form for you to fill out and return to us (either by mail or fax) as soon as possible. It will be kept in your file and it will give us the authority to charge your card when you place an order with us.

NAME ON CREDIT CARD: _____

CREDIT CARD # _____

VISA: _____ M/C: _____ DISCOVER: _____ AMEX: _____
(CHECK ONE)

CVC # (LAST 3 #'S ON BACK OF CARD, AMEX 4 #'S): _____

EXPIRATION DATE: _____

COMPANY NAME: _____

SIGNATURE: _____

By signing this form you are authorizing "Athena USA" to charge this credit card number on file without obtaining a signature.

Thank you for your time and cooperation.