

KOBE KOBE Range Hoods

11775 Clark Street, Arcadia, CA 91006 • Tel: 626-775-8880 • Fax: 626-775-8885
www.KobeRangeHoods.com • Email: info@koberangehoods.com

“So Quiet...You Won't Believe It's On!”

APPLYING TO BE A KOBE DIRECT DEALER

Please read carefully and complete the necessary information on the Dealer Application.

Instructions:

Please return the following items to KOBE Range Hoods:

- ◆ Completed Dealer Application
- ◆ Sales Tax Rules and Regulations – Resale Certificate Form
- ◆ Photocopy of Your Company Reseller's Certificate
- ◆ Company Letterhead Summarizing the Following:
 - Company background
 - Years in business
 - Locations available to display KOBE hoods
 - Products your company carry

Fax to: (626) 775-8885

OR

**Mail to: KOBE Range Hoods
11775 Clark Street
Arcadia, CA 91006**

Upon receiving all information above, we will review the information and notify you whether you have been accepted as a KOBE direct dealer. If you are accepted as a KOBE dealer, you will receive a confirmation letter and KOBE information packet. Please allow 4-6 weeks to process your application.

PAYMENTS

Following payments are accepted:

- ◆ **Money Order**
- ◆ **Credit Card**
- ◆ **Company Check**

(Note: There will be a hold period of 14 business days before products can be shipped or delivered.)

Please make all checks payable to: **KOBE Range Hoods**

For term payment, please complete the Credit Application Form. Please allow 4-6 weeks for processing. You will be notified once the term is granted.

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DEALER APPLICATION

Please print legibly and complete all information.

COMPANY NAME		
ADDRESS		
CITY	STATE / PROVINCE	POSTAL CODE
COUNTRY	TOTAL STORE LOCATIONS	
PHONE NUMBER	FAX NUMBER	
PRODUCTS CARRIED (CHECK ALL THAT APPLIES)		
<input type="checkbox"/> CABINETS	<input type="checkbox"/> OVENS	
<input type="checkbox"/> COOKTOPS	<input type="checkbox"/> RANGE HOODS (Please list brands)	
<input type="checkbox"/> COUNTERTOPS	_____	
<input type="checkbox"/> DISHWASHERS	_____	
<input type="checkbox"/> ELECTRONICS	_____	
<input type="checkbox"/> FREEZERS	<input type="checkbox"/> RANGES	
<input type="checkbox"/> GRILLS	<input type="checkbox"/> REFRIGERATORS	
<input type="checkbox"/> KITCHEN EQUIPMENT (NOT LISTED)	<input type="checkbox"/> WASHERS/DRYERS	
<input type="checkbox"/> MIRCOWAVES	<input type="checkbox"/> OTHERS	

ARE YOU CURRENTLY SELLING PRODUCTS ONLINE?		
YES _____ NO _____		
If yes, please indicate website address: _____		
PLEASE INDICATE WHICH KOBE HOOD WILL BE DISPLAYED? (Please indicate the model. For more information, please visit our website www.koberangehoods.com)		

 NAME OF APPLICANT

 DATE

 APPLICANT’S TITLE

 SIGNATURE OF APPLICANT

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SALES TAX RULES AND REGULATIONS - RESALE CERTIFICATE

I HEREBY CERTIFY:

That I hold valid reseller permit No. _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

_____ ; that the tangible personal property described herein which I shall purchase from: **KOBE Range Hoods** 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 tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased:

COMPANY INFORMATION

COMPANY NAME

ADDRESS OF PURCHASE

TELEPHONE NUMBER
() -

DATE

PRINTED NAME OF PERSON SIGNING

TITLE

SIGNATURE OF PURCHASER, PURCHASER’S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

**** Please fill this form out completely and fax it to (626) 775-8885.**

Failure to complete, sign and return of the RESELLER PERMIT will result in all orders shipping with “Sales Tax” billed.