



Partner Application Form

Palm Beach Drone

Fax: 561-588-6442

info@palmbeachdrone.com

Applicant Information

Company: _____

Full Name: _____ Date: _____
Last First M.I.

Billing Info: _____
Street Address Unit #

City State ZIP Code

Shipping: _____
Street Address Unit #

City State ZIP Code

Authorized
Purchasers:

Phone Number: ()

Fax Number: ()

Email Address:

Website URL:

Company Information

Years in Business:

Dollar Amount Sold in Gear Last Year: \$

Do you have a store front? YES NO

Are you located on a drop zone? YES NO

Are you a full time UAV business? YES NO

Is there more than one DZ in this area? YES NO

If so, please list:

Where do you advertise?



Company Owner's Information

Company: _____

Full Name: _____

Last *First* *M.I.*

Home: _____

Home Address *Unit #*

City *State* *ZIP Code*

Credit Information

Resale # (Florida only): _____

Credit Reference 1: _____ Phone: ()

Credit Reference 2: _____ Phone: ()

Credit Reference 4: _____ Phone: ()

Payment Information

Credit card number is ***required regardless*** of the payment method chosen. A **25\$** fee will be assessed to all non-sufficient funds checks returned from the bank. Please check one*:

Prepaid COD Credit Card Bank Draft Wire Transfer (+\$20)

***If you choose bank transfers you agree to pay all bank fees (both yours and ours) associated with the transfer. NO NET PAYMENTS. If you choose COD and request a drop ship a credit card will be requested and charged for the drop shipped order.**

CC Info: _____ / _____
Card Number *Expiration Date* *Security Code*

Name on Card: _____
Last *First* *M.I.*

Billing Info: _____
Street Address *Unit #*

City *State* *ZIP Code*

I authorize use of this card for collection of payment for product (for credit card customers), or for collection of NSF checks, past due balances or shortages in wire transfers. You will be informed before any charges are made.

Signature: _____ Date: _____

Print Name: _____ Date: _____

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Disclaimer and Signature

To the best of my knowledge the above statements are true and correct.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Return Policy: No return on Custom Built Products. Any accepted Returned items will be credited to your account towards future purchases. No refunds will be given; store credit ONLY.

I have read and understand the return policy stated above:

Signature: _____ Date: _____

Print Name: _____ Date: _____