

Lucky39 is authorized by  
FIT39 manufacturer - MIC Int'l of Japan

Maxtop is the authorized distributor  
in the U.S.A.

**FIT39EX® / MAXTOP. INC.**

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# FIT39SHOP®

## RESALE ACCOUNT APPLICATION

Please fill out completely

Customer # \_\_\_\_\_ OFFICE USE ONLY \_\_\_\_\_

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registered Business Name \_\_\_\_\_

D.B.A. \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street or Ship to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Subsidiary of Division \_\_\_\_\_

Corporation, State of \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Corporation  Partnership  Proprietorship

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_ Resale License Number \_\_\_\_\_

Have you had a business failure?  Yes  No

If yes, when and what name? \_\_\_\_\_

### ***Names of Individuals, Owners, Partners, Officers***

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_