



YesAnime, Inc

419 Littlefield Ave.,
South San Francisco, CA 94080
TEL: 650-583-1623 FAX: 650-583-1897

RESELLER'S REQUEST INFORMATION FORM

(Please include a copy of your state sales tax certificate and reseller's permit)

Legal Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Website: _____

Resell Permit #: _____ FED I.D. #: _____

Proprietorship Partnership Corporate

Name and Title of Principal, Partner or Corporate Officers:

1 _____ 2 _____

Account Payable contact: _____

Purchasing contact: _____

Year(s) in business: _____ Annual Sales Volume: _____

BANK REFERENCE

Bank Name: _____ Account #: _____

Address: _____ Phone: _____

TRADE REFERENCE

Company1 _____ Phone _____ Contact _____

Address _____

Company2 _____ Phone _____ Contact _____

Address _____

Company3 _____ Phone _____ Contact _____

Address _____

Signature _____ Print Name _____

Title _____ Date _____



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CERTIFICATE OF RESALE

By signing this section, I certify that I am licensed to do business in the State/Province of _____,
and that all material, merchandise, and/or goods purchased by the undersigned from YesAnime, Inc. is
purchased for the purpose of resale as tangible personal property. This agreement will be applied to all
purchases that place.

Purchaser's Name: _____urchaser's Signature: _____

Title: _____ Date: _____

Address: _____

Purchaser's Sales Tax Registration #: _____



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CREDIT CARD AUTHORIZATION FORM



Where requested by the Applicant, YesAnime, Inc. will accept payment by authorized credit card pursuant to telephone orders on the strict understanding that all such telephone orders as paid by authorized credit card will be deemed to be final and conclusive as between the Applicant and YesAnime, Inc. upon delivery of the goods to the Applicant being completed by YesAnime, Inc.

Credit Card #: _____ Exp Date: _____

Card CVV #: _____ (3/4 Digits Code)

Billing Address: _____

Cardholder Name: _____ Signature: _____