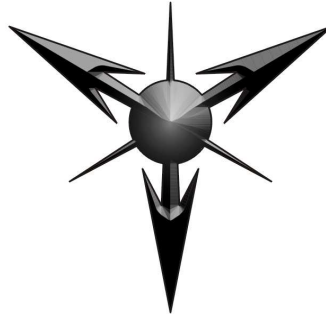


Dangerous Power™

Amazone Inc.



Dealer Application

BUSINESS NAME: _____

DBA: _____

EIN/TAX ID#: _____ STATE ISSUED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

WEBSITE: _____

OWNER/AUTHORIZED BUYER

NAME: _____

TITLE: _____

TELEPHONE: _____ MOBILE: _____

SIGNATURE: _____

DATE: _____

Dangerous Power SALES REP: _____

By applying to become an authorized retail distributor of Dangerous Power™ products, I hereby agree to abide by the MSRP (Manufactured Suggested Retail Price) and MAP (Minimum Advertized Price) on all Dangerous Power™ products as set forth by Amazone, Inc.