



## DEALER APPLICATION

PLEASE COMPLETE THE FOLLOWING IN FULL. ALL INFORMATION WILL BE HELD IN CONFIDENCE.

PLEASE ENCLOSE A COPY OF YOUR BUSINESS LICENSE.

IF ATTACHING AN EXISTING BUSINESS APPLICATION OR BANK AND CREDIT REFERENCE FORM, CHECK HERE:

ALL APPLICATIONS MUST HAVE OUR PERSONAL GUARANTEE SECTION FILLED OUT AND SIGNED.

COMPANY NAME: \_\_\_\_\_

DBA (IF DIFFERENT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

BUYER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*\*\*SHIPPING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION  LLC  PARTNERSHIP  PROPRIETORSHIP

FEDERAL ID NO: \_\_\_\_\_ RESALE TAX NO: \_\_\_\_\_

NO. OF YEARS IN BUSINESS: \_\_\_\_\_ NO. OF YEARS AT PRESENT ADDRESS: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LIABILITY INSURANCE: YES  (If yes, please provide a current copy) NO

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### OWNER(S)

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BANK REFERENCES

BANK: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(CONTINUED)



**TRADE/CREDIT REFERENCES**

NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT TERMS: \_\_\_\_\_ LIMIT: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT TERMS: \_\_\_\_\_ LIMIT: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT TERMS: \_\_\_\_\_ LIMIT: \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS (IF DIFFERENT): \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**SUMMARY OF TERMS:**

*All sales are Prepaid Credit Card or COD Company Check unless otherwise specified below. Checks can be made payable to "The Building Distribution", "S&M Bikes", or "FIT Bike Co". Returned checks are subject to \$25 returned check fee. In consideration to extension of credit, I agree to pay all invoices in full within the stated terms on the invoice. Accounts over 30 days past due are subject to credit hold and a monthly finance charge of 0.5%. Should action be required to collect payment of any past-due account, I agree to pay all costs including but not limited to court costs, attorney's fees, and collection agency fees, which may be incurred or expended. I hereby certify that all the information on this form is complete and correct. I authorize the above listed bank and credit references to release credit information on our company as requested. I also authorize you to inquire with credit reporting agencies on our company.*

TERMS REQUESTED:            COD             CREDIT CARD             NET 30             CREDIT LIMIT \_\_\_\_\_

**Personal Guarantee**

*In consideration for the credit extended, the undersigned contracts and guarantees to the faithful payment, when due of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.*

PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_