



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: _____