

DEALER ACCOUNT APPLICATION

DATE: _____

Company Name: _____

Web Address: _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____

Federal Tax ID: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

COMPANY PROFILE:

Number of Years in Business: _____ Number of Employees: _____

Method of Marketing: Catalog Direct Sales Retail Location E-business Other: _____

If direct sales, number of dedicated sales reps: _____

Average Gross Sales: _____ Territory: _____

FINANCIAL PROFILE:

Preferred method of payment:

Mastercard Visa Wire Transfer Other: _____

For Wire Transfers: _____

Bank: _____

Contact Person: _____

E-mail Address: _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Applicant hereby agrees to all terms and conditions for wholesale distribution. In the event that the seller must incur legal expenses or collection fees related to payment of delinquent invoices, purchaser agrees to bear such costs.

Authorized signature (required) _____ Date _____

Name (printed) _____ Title _____

FOR OFFICIAL USE ONLY APPROVED _____ CUST ID # _____
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FAX TO 1-800-278-0885