

DUNNING

PLEASE FAX THIS FORM TO: 888-745-8329
Attn: Jim Guerra

DUNNING AUTHORIZED RETAIL DEALER AGREEMENT

DEALER/COMPANY NAME: _____
DBA/TA (If Applicable): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ FED ID# _____
Fax #: _____ S/S # _____
E:mail Address: _____
Primary Contact Name: _____

Addresses of Ship to Locations (Attach Additional Sheets if Necessary)

(1) _____
(2) _____
(3) _____

Store Location: (Addresses of all retail location where merchandise will be sold) Store Phone # _____ Same as Bill to? _____ YES / NO

Name _____
D/B/A _____
Street _____ City _____ State _____ Zip _____

Type of Organization: Proprietorship: _____ Partnership: _____ Corporation: _____
Type of Business: _____ Date Started: _____
Name of Bank: _____ Phone #: _____
Checking Account #: _____

Principals:

(1) _____
NAME HOME ADDRESS HOME TEL NO.
(2) _____

Trade References:

(1) _____
NAME ADDRESS TEL NO. ACCOUNT NO.
(2) _____
(3) _____

Marketing / PR Contact:

Same Contact info as Bill to? _____ YES / NO
Commercial Customer Name _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax #: _____
Primary Marketing Contact Name: _____ Email: _____

The undersigned certifies that this Authorized Retail Dealer Agreement is made on behalf of the applicant shown herein for the purpose of securing open account terms of credit from the Company, and that the contents hereof and the financial data submitted herewith accurately represent the financial condition, without material change, of the applicant to this date. I understand that you will rely on the information in the credit application in extending credit to me, and my signature on the application is my pledge that you are authorized to investigate my/our financial credit worthiness, credit history, and financial creditors now and in the future. We also authorize banks and other institutions to give information to the named creditor in connection with this or future transactions about my/our savings, checking, and/or loan history.

THE UNDERSIGNED CERTIFIES THAT IT INTENDS TO CREATE A LEGALLY BINDING OBLIGATION UNDER THIS AGREEMENT UPON

DATE: _____
PRINT OR TYPE NAME OF OFFICER, PARTNER OR TITLE

THIS AGREEMENT SHALL HAVE NO FORCE OR EFFECT UNTIL ACCEPTED BY THE COMPANY AT ITS HOME OFFICE EITHER BY ELECTRONIC CONFIRMATION OF ACCEPTANCE (ACKNOWLEDGEMENT OF RECEIPT IS NOT ACCEPTANCE) OR BY SHIPMENT OF PRODUCT TO DEALER.

BY: _____
SIGNATURE OF PRINCIPAL (IF SUBMITTING BY ELECTRONIC MEANS, PLEASE TYPE NAME)

Regional Sales Approval:
Date: _____

