



NEW ACCOUNT 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: (List address of each retail location where merchandise will be sold) Store Phone # \_\_\_\_\_ Same as Bill to? \_\_\_\_\_
name \_\_\_\_\_ YES / NO
D/B/A \_\_\_\_\_
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Organization: Proprietors 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 ITS

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

Regional Sales Approval:
Date: \_\_\_\_\_