

DEALER ACCOUNT APPLICATION



APPLICATION FOR: WINDSURFING KAYAKS SURF

DEALER NAME _____

TRADE NAME _____

BILLING ADDRESS:
STREET _____
CITY _____
STATE / PROVINCE _____
ZIP / POSTAL CODE _____
COUNTRY _____
TELEPHONE _____
FAX _____
EMAIL _____

SHIPPING ADDRESS:
STREET _____
CITY _____
STATE / PROVINCE _____
ZIP / POSTAL CODE _____
COUNTRY _____
TELEPHONE _____
FAX _____
EMAIL _____

TYPE OF BUSINESS:
CORPORATION _____
PARTNERSHIP _____
PROPRIETORSHIP _____
G.S.T REG # (if applicable) _____

BUSINESS INFORMATION:
HOW LONG IN BUSINESS? _____
HOW LONG AT THIS ADDRESS? _____
TAX EXEMPT # _____
FED ID # OR SOCIAL SECURITY # _____

PRIMARY BUSINESS ACTIVITY: RETAIL RENTAL/RESORT/SCHOOL OTHER SPECIFY: _____

BANK INFORMATION

BANK NAME _____
BANK LOCATION: CITY _____
BANK CONTACT _____
HOW LONG WITH THIS BANK? _____ YEARS

TELEPHONE _____
STATE / PROVINCE _____
ACCOUNT # _____

TRADE REFERENCES

1 NAME _____
ADDRESS _____
TYPE OF ACCOUNT _____
2 NAME _____
ADDRESS _____
TYPE OF ACCOUNT _____
3 NAME _____
ADDRESS _____
TYPE OF ACCOUNT _____

TELEPHONE _____
CITY _____ STATE/PROVINCE _____
ANNUAL VOLUME _____
TELEPHONE _____
CITY _____ STATE/PROVINCE _____
ANNUAL VOLUME _____
TELEPHONE _____
CITY _____ STATE/PROVINCE _____
ANNUAL VOLUME _____

OFFICERS / PARTNERS

PLEASE LIST HOME ADDRESSES AND TELPHONE NUMBERS FOR TWO KEY OFFICERS:

1 NAME _____
ADDRESS _____
TITLE _____
2 NAME _____
ADDRESS _____
TITLE _____

TELEPHONE _____
CITY _____ STATE/PROVINCE _____
TELEPHONE _____
CITY _____ STATE/PROVINCE _____

IF ACCEPTED AS A DEALER, THE ATTACHED BIC SPORT NORTH AMERICA TERMS AND CONDITIONS, WHICH ARE INCORPORATED BY REFERENCE, SHALL GOVERN THE RELATIONSHIP BETWEEN THE PARTIES. (I) (WE) AUTHORIZE THE ABOVE LISTED BANK, TRADE REFERENCES OR CREDIT REPORTING AGENCY TO RELEASE TO BIC SPORT NORTH AMERICA ANY CREDIT OR FINANCIAL INFORMATION THAT BIC SPORT NORTH AMERICA MAY REQUEST. IF BIC SPORT NORTH AMERICA GRANTS CREDIT, (I) (WE) PERSONALLY GUARANTEE PAYMENT AND AGREE TO COMPLY WITH APPLICABLE TERMS OF CREDIT.

SIGNED BY AN OFFICER OF THE FIRM:

NAME _____ TITLE _____
SIGNATURE _____ DATE _____