



PRODUCTS REQUESTED:

- BIC WINDSURF
- BIC KAYAK
- O'PEN BIC
- BIC SURF
- OXBOW SURF/SUP

BIC SPORT MANAGER APPROVAL / DATE:	
_____	_____
_____	_____
_____	_____
_____	_____

DEALER / ACCOUNT APPLICATION

BUSINESS NAME: _____

TRADE NAME: _____

WEBSITE: _____

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 ONLINE/OTHER SPECIFY: _____

BANK INFORMATION (To be completed if requesting terms/open account status. Not required for CIA/Credit Card purchasing.)

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

TELEPHONE _____
 STATE / PROVINCE _____
 ACCOUNT # _____

TRADE REFERENCES (Required for all new accounts. Please list vendors associated with product categories checked above if possible.)

1 NAME _____ TELEPHONE _____
 ADDRESS _____ CITY _____ STATE/PROVINCE _____
 TYPE OF ACCOUNT _____ ANNUAL VOLUME _____

2 NAME _____ TELEPHONE _____
 ADDRESS _____ CITY _____ STATE/PROVINCE _____
 TYPE OF ACCOUNT _____ ANNUAL VOLUME _____

3 NAME _____ TELEPHONE _____
 ADDRESS _____ CITY _____ STATE/PROVINCE _____
 TYPE OF ACCOUNT _____ ANNUAL VOLUME _____

OFFICERS / PARTNERS PLEASE LIST HOME ADDRESSES AND TELEPHONE NUMBERS FOR TWO KEY OFFICERS:

1 NAME _____ TELEPHONE _____
 ADDRESS _____ CITY _____ STATE/PROVINCE _____
 TITLE _____

2 NAME _____ TELEPHONE _____
 ADDRESS _____ CITY _____ STATE/PROVINCE _____
 TITLE _____

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: (Un-signed Applications will not be approved for terms/open account, and may also be declined for purchase)

NAME _____ TITLE _____
 SIGNATURE _____ DATE _____

APPROVAL BY BIC SPORT :	DATE: _____	ACCEPTED BY BIC SPORT:	_____
	ACCT #: _____		
STD TERMS: _____	CREDIT LIMIT: _____	Christopher Decerbo - Director Sales & Marketing	Date _____

ises.)