



DEALER APPLICATION

FMS Model

OFFICE USE ONLY

ACCOUNT # _____

SALES PERSON _____

MON TUE WED THU FRI _____

OFFICE USE ONLY

TERMS _____ DATE _____

CREDIT _____

AUTHORIZATION _____

STORE NAME _____

ADDRESS _____

STREET

CITY _____ ST _____ ZIP _____

Tax Information Federal # _____ State # _____

SHIP TO ADDRESS _____ ST _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

OWNER'S NAME _____ HOME PHONE # _____

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____

BANK AND TRADE REFERENCES

1	_____	_____	_____	_____
	<small>DISTRIBUTOR NAME</small>	<small>PHONE</small>	<small>ACCT #</small>	<small>FAX NUMBER</small>

2	_____	_____	_____	_____
	<small>DISTRIBUTOR NAME</small>	<small>PHONE</small>	<small>ACCT #</small>	<small>FAX NUMBER</small>

3	_____	_____	_____	_____
	<small>DISTRIBUTOR NAME</small>	<small>PHONE</small>	<small>ACCT #</small>	<small>FAX NUMBER</small>

4	_____	_____	_____	_____
	<small>BANK NAME</small>	<small>PHONE</small>	<small>ACCT #</small>	<small>FAX NUMBER</small>

All new accounts will be opened on a Credit Card basis. If you would like to be on Company Check, references will be contacted, reviewed and if satisfactory to **FMS Model** Credit Dept., the account may be approved for check payment. All accounts must provide a valid American Express, MasterCard, Visa or Discover account number with expiration date and CVV code, to be charged against in the event of non-performance, to include, but not limited to, NSF checks, improperly drafted checks, or fees associated with returned/refused orders.

ACCT # _____ EXPIRATION DATE _____ CVV _____

PERSONAL GUARANTY: IN CONSIDERATION OF FMS MODEL APPLICATION/AGREEMENT, THE GUARANTOR HEREBY AGREES TO UNCONDITIONALLY AND PERSONALLY GUARANTEE PAYMENT AND PERFORMANCE UNDER THE TERMS OF AGREEMENT TO THE HOLDER OF THIS AGREEMENT IN THE EVENT THE ABOVE BUYER FAILS TO DO SO. GUARANTOR HEREBY WAIVES ANY NOTICES REGARDING THE AGREEMENT OF THIS GUARANTY AND AGREES THAT THIS GUARANTY SHALL BE APPLICABLE FOR AS LONG AS THIS AGREEMENT AND THE ACCOUNT SHALL BE OPERATIVE.

GUARANTOR'S SIGNATURE _____ DATE _____



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CREDIT CARD AUTHORIZATION

I authorize FMS Model, in the event of a delivered order, in part or in whole, without timely payment as specified in terms, to charge against my credit card specified below, those funds due to FMS Model

AMEX, MasterCard, Visa or Discover # _____ Expiration Date _____ CVV _____

Signature _____ Date _____

ACCOUNT POLICY

Account Types

The account types are Company Check, Credit Card. All new accounts will be opened on a credit card.

Account Terms

The payment terms established by **FMS Model** are based on the account type as stated above. Credit card accounts will be billed at time of shipment.

NSF Returned Checks

The account will be charged \$35.00 for bank fees. In addition, any additional sales discounts that have been applied will also be added.

Termination

FMS Model reserves the right to terminate this agreement at will solely at its discretion.

REFUSED ORDERS

If any package or order is refused or returned without prior authorization by **FMS Model**, the account will be placed on prepay status for all orders or the account will be terminated. Any refused or returned order will be assessed a handling fee of \$35.00, which will be charged to the credit card of record along with outstanding freight and/or merchandise.