

DEALER APPLICATION



The information listed below must be completed and returned to us as soon as possible so that we may establish your account. Please understand that this application applies to becoming an active wholesale customer. If you wish to have a credit line with us and to avoid COD shipments, a credit application must be filled out and approved.

BUSINESS INFORMATION

Complete Legal Name:	Sales Tax ID:
Business/Trade Name:	Business Phone:
Business Address:	Business Fax:
City, State, Zip:	Email:
Shipping Address (if different):	Website URL:
Primary Contact:	Accounts Payable Contact:
Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Purchase Order Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information on Business Owners or Officers

Name & Title	Name & Title
Residence Address:	Residence Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:

Please check all that applies to what best describes your business

Is your business: Dealership Parts House Repair Shop
For: Snowmobile ATV Trailer Lawn & Garden Motorcycle

Describe Your Business & Brands Sold

Please name two trade suppliers that you use that are in our business

Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

Area Code & Phone:

Area Code & Phone:

Terms

In consideration of you extending credit to the above named firm at my/our request, I/we hereby personally guarantee payment of all obligations to you until withdrawn by me/us by certified mail.

Dated this _____ day of _____, 20____

Signed _____

Signed _____

Please return completed form by mail or fax to us:

**Extreme Snow, Ltd.
PO Box 226A
Malta, IL 60150
(p) 815-825-2222
(f) 815-261-5949**

THE REMAINDER OF THIS APPLICATION IS FOR OPEN ACCOUNTS ONLY. IF YOU DO NOT WANT TO AN OPEN ACCOUNT WITH EXTREME SNOW, YOU DO NOT NEED TO COMPLETE THE CREDIT ONLY ACCOUNTS SECTION BELOW.

REMAINDER OF THIS APPLICATION IF FOR CREDIT ONLY ACCOUNTS

BUSINESS INFORMATION

Complete Legal Name:

Business Phone:

Business/Trade Name:

Mailing Address:

City, State, Zip:

Shipping Address (if different):

Please list 3 credit references and 1 bank reference – no personal references

Bank Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

Account Number:

Account Number:

Area Code & Phone:

Area Code & Phone:

Fax Number:

Fax Number:

Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

Account Number:

Account Number:

Area Code & Phone:

Area Code & Phone:

Fax Number:

Fax Number:

Terms of Credit

Applicant agrees that all credit extended pursuant to this application shall be on the following terms and conditions: 1) All account balances are due on a Net 15 basis from shipment date. 2) Any invoice not paid on or before said date will be considered delinquent and will bear interest at the rate of 1.5% compounded monthly. 3) The application will pay or reimburse Extreme Snow, Ltd. for all costs and expenses, including court costs and attorney's fees and costs and expenses, incurred in collecting any amount due from Applicant.

This Dealer Application shall be binding when accepted in writing by Extreme Snow, Ltd. in the state of Illinois and shall be governed by the laws of the State of Illinois. Applicant hereby consents to the jurisdiction of any federal court in the State of Illinois or any state court located in DeKalb County, Illinois, with respect to any legal action commenced hereunder to collect any amounts owed by the Applicant.

Read, Acknowledged & Accepted

Dated

Customer Consent and Authorization

I, _____ of _____
(Name of Owner/Officer) (Business Name)

Business Address:

City, State, Zip:

Hereby authorize _____
(name of bank)

Bank Address:

City, State, Zip:

To disclose financial records concerning the following:

Account Number: _____ Type of Account: _____

Account Number: _____ Type of Account: _____

Account Number: _____ Type of Account: _____

To Racer's Edge Industries for the following purpose(s):

to establish an open line of credit to update records other _____

I understand that this Authorization may be revoked by in writing at any time before my records, as described above, are disclosed, and that this Authorization is valid for not more than three (3) months from the date of my signature.

Customer Signature

Date

Please return completed form by mail or fax to us:

**Extreme Snow, Ltd.
PO Box 226A
Malta, IL 60150
(p) 815-825-2222
(f) 815-261-5949**