

CB Distributing

3075 Kathryn Street NE
Albany, OR 97321
(541) 926-1027
(541) 812-2351 Fax (Credit Dept.)

DEALER APPLICATION

Please type or print information requested below.

DATE: _____

LEGAL NAME OF BUSINESS: _____

DBA: _____ PHONE # () _____

OWNERS NAME: _____ FAX # () _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____
CITY STATE ZIP

E-MAIL ADDRESS: _____
CITY STATE ZIP

TYPE OF BUSINESS: ___ Sole Proprietorship ___ Partnership ___ Corporation ___ Other

YEARS IN BUSINESS: _____ *If less than two years fill out personal guarantee, reverse side.

TERMS REQUESTED: ___ Credit Card ___ COD Check ___ Net 30 ___ Net 10th ___ On Receipt

ANTICIPATED MONTHLY VOLUME: \$ _____ (Credit Line Requested)

TRADE REFERENCES

(Please list primary suppliers you have credit history with, similar to credit line requested)

Name: _____

Name: _____

Address: _____

Address: _____

PHONE # () _____

PHONE # () _____

FAX # () _____

FAX # () _____

Name: _____

Name: _____

Address: _____

Address: _____

PHONE # () _____

PHONE # () _____

FAX # () _____

FAX # () _____

BANKING INFORMATION:

Bank: _____

Bank: _____

Address: _____

Address: _____

PHONE # () _____

PHONE # () _____

Account # _____

Account # _____

DEALER AGREEMENT

TERMS OF SALE:

Minimum order is \$50. Orders placed under \$50 subject to \$5 service charge. COD & Term accounts will be assessed a \$25.00 NSF fee per occurrence. Accounts that have three NSF checks will automatically be placed on COD Cash or Pre-pay. Balances are payable within agreed terms of sale indicated on invoice. Past due accounts will be charged 1.5% interest per month on any overdue amount until the balance is paid in full. Any account that is 30 days overdue will be automatically placed on credit hold until a current status is reached and credit is reviewed. COD & Term accounts authorize legal title to material purchased from C.B. Distributing as security for payment on account. COD & Term accounts agree to pay all costs of collection and/or litigation plus reasonable attorney fees. I agree to any/all litigation be held in Albany, Linn County or as governed by the State of Oregon.

FREIGHT:

We will pay the ground freight on any order totaling \$1,000+ (not including backorders) within the continental (48) United States. Free ground freight does not include oversize charges, additional handling, residential delivery fees, insurance or COD charges. Truck shipments or special priced product does not qualify for pre-paid freight.

CLAIMS:

All claims for damages must be reported upon delivery to freight carrier. Notification of errors or shortages must be made within ten (10) days after receipt of goods. All claims must include invoice number, date purchased and summary of items in dispute. Failure to make claim in writing within ten (10) days shall constitute an irrevocable acceptance of shipment which shall be binding by the terms indicated on invoice.

RETURN GOODS:

No products may be returned without C.B. Distributing's prior authorization. Most products found to be defective upon initial installation may be returned within six months of purchase. Buyer assumes all shipping expenses for returning products to C.B. Distributing. Products that have been in use must be sent directly to the factory for warranty repair. Products that are returned in used or abused condition will not be accepted. At our discretion we will credit, replace or repair defective products. Products that are returned and found to be non-defective, if accepted will be assessed a 15% re-stocking charge. Special order product is not returnable, unless defective upon initial installation.

I understand and agree with the above credit requirements and verify all of the above information given is correct. I also authorize release of any information listed on this application for the purpose of establishing credit.

AUTHORIZED SIGNATURE: _____ (Principal Or Owner(s) Only)

PRINTED NAME: _____ TITLE: _____

PERSONAL GUARANTEE

I/We the undersigned consent to the release of my/our personal credit history. I/We recognize if credit is extended, I/we am/are respectively severally/jointly personally responsible and guarantee payment in accordance to the agreed credit terms. The undersigned is responsible for any debt incurred prior to a 10 day written notice to the creditor.

AUTHORIZED SIGNATURE: _____ SOCIAL SECURITY # _____

PRINTED NAME: _____ TITLE: _____

AUTHORIZED SIGNATURE: _____ SOCIAL SECURITY # _____

PRINTED NAME: _____ TITLE: _____

PLEASE RETURN COMPLETED APPLICATION TO ADDRESS SHOWN ON FRONT. NOTE: IF YOU FAX YOUR APPLICATION WE WILL START THE CREDIT PROCESS BUT WE STILL REQUIRE THE ORIGINAL APPLICATION ON FILE TO OPEN ACCOUNT.