



DEALER APPLICATION FORM

9640 Legler Rd, Lenexa, Kansas 66219-1291
 Phone: 913-492-8288 or 800-255-6595 • Fax: 913-894-2136 or 800-255-6596

Business Name		Date
Address		Business Telephone
City, State, Zip		FAX Number

Purchasing Agent or Manager's Name	E-mail Address	To Whom It May Concern: I (We) authorize any person having information as to the above named firm to release financial information and credit reports to Santa Fe Distributing, Inc. We further authorize the release of financial information on credit reports on the Guarantors listed on the reverse side of this form. Signed: _____
Ship To:		
Address		
City, State, Zip		

Owners, Partners, or Officers:			
Name	Title	Name	Title
Street Address	Home Telephone	Street Address	Home Telephone
City, State	S.S. Number	City, State	S.S. Number
Zip	Date of Birth	Zip	Date of Birth
Employed By	Employer's Phone No.	Employed By	Employer's Phone No.
Personal Bank	Personal Bank Account No.	Personal Bank	Personal Bank Account No.

Business Bank Reference:	
Bank	Account No.
Address	Phone
City, State	FAX
Zip	
Contact	Bank Credit Line

Business Information:
Type of Business: <input type="checkbox"/> Corporation Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship
Number of locations: _____ Year business started: _____
Under present ownership since: _____ State incorporated: _____
What products do you sell: <input type="checkbox"/> Automotive <input type="checkbox"/> Communications

<p style="text-align: center;">PLEASE INCLUDE 4 REFERENCES IN SPACES PROVIDED ON SECOND PAGE FOR ALL EXCEPT CASH COD</p> <p>Please check <u>one</u> of the following:</p> <p><input type="checkbox"/> COD CASH: Certified Check or Money Order on delivery.</p> <p><input type="checkbox"/> COD COMPANY CHECK: Customer Check acceptable on delivery.</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> M/C</p> <p>Card# _____ Exp. _____</p> <p>Name Of Cardholder _____</p> <p>Statement Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____</p> <p><input type="checkbox"/> OPEN ACCOUNT</p> <p>Requested Credit Limit:</p> <p><input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500</p> <p><input type="checkbox"/> \$3,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 Send Financial Statement</p>

Resale Exemption Certificate:
<p>I HEREBY CERTIFY: That I hold valid retail registration number _____ issued pursuant to the Kansas Sales and Compensating Tax Law; that I am engaged in the business of selling _____.</p> <p>That the tangible personal property described herein which I shall purchase from Santa Fe Distributing, Inc., 9640 Legler Road, Lenexa, Kansas 66219-1291, will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, it is understood that I am required by the Kansas Sales and Compensating Tax Law to report and pay tax, measured by the purchase price of such property. Description of property purchased: _____</p> <p>Signed: _____ <small>(Signature of Purchaser or Authorized Agent)</small></p> <p>Date: _____</p>

Please Complete Both Pages



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Trade References:

1	Company Name	Account Number
	Address	Phone
	City, State, Zip	FAX
2	Company Name	Account Number
	Address	Phone
	City, State, Zip	FAX
3	Company Name	Account Number
	Address	Phone
	City, State, Zip	FAX
4	Company Name	Account Number
	Address	Phone
	City, State, Zip	FAX

Agreement:

THE UNDERSIGNED AGREES:

1. That any and all discrepancies or deficiencies must be made in writing within 30 days of receipt, with proof of mailing to Santa Fe Distributing, Inc.; failure to do so, shall be deemed a waiver of any and all claims that may arise.
2. To be responsible for payment of all invoices within thirty (30) days of the date of the invoices.
3. The undersigned hereby certifies that the above information is true and correct. Invoices unpaid after thirty one (31) days from the date of invoice the undersigned agrees to pay and authorizes you to bill my account with interest computed at 2% per month (24% per annum) on any past due amount or the maximum prevailing rate allowable under the law of state governing the transactions contemplated by this credit application.
4. That any dispute arising from transactions arising with Santa Fe Distributing, Inc., shall be governed according to the laws that prevail in the state of Kansas. The undersigned further agrees to be bound by such laws and the only venue for resolving such, shall be in the county of Johnson, state of Kansas.
5. Notice that a UCC filing may be made by Santa Fe Distributing, Inc. at its sole discretion, based on circumstances of the individual sale contemplated by the parties.

 Notary Stamp/Signature:

6. You agree to pay us all reasonable costs we incur to collect any delinquent balance due or realize on any security interest taken by us. This includes reasonable attorney's fees, not exceeding 15% of the amount due and payable, if referred to an attorney who is not a salaried employee of ours. This provision shall also apply if you file a petition or any other claim for relief under any bankruptcy rule or law of the United States, or if such petition or claim for relief is filed against you by another in bankruptcy court.
7. The undersigned individuals do jointly and severally guarantee payment to Santa Fe Distributing, Inc. of the full amount due of all sums owed by _____ (name of applicant business) to Santa Fe Distributing, Inc. This guarantee of payment is absolute, unconditional and irrevocable and is made for and in consideration of the agreement of Santa Fe Distributing, Inc. to extend credit to _____ (name of applicant business). The undersigned agrees to pay, in addition to said balance, all costs of collection including reasonable attorney's fees and court costs.

Date _____

Signed: _____

Please Print:

Name _____

Title _____

Legal Company Name _____

DBA (if applicable) _____