



Delivering Quality Products Worldwide

DEALER - CREDIT APPLICATION

Thank you for your interest in the First Gear product line. If you wish to be considered as a dealer, please complete the following Dealer Application. Completion of this form should precede your initial order so as to allow time for a proper evaluation of your Application.

COMPANY INFORMATION:

Please type or print:

Company Name:		
Company Owner Name:		
Buyer Contact Name: <i>(if different than above)</i>		
Street Address Line 1:		
Street Address Line 2:		
City:	State:	Zip Code:
Country:	Federal Tax ID #:	
Main Business Phone:	Extension:	
Fax:		
Cell Phone:		
Email Address:		
Website Address:		

COMPANY BACKGROUND:

Please type or print:

Type of Business: <i>(Check all that apply)</i>	<input type="checkbox"/> Store Front	<input type="checkbox"/> Online (Website)	<input type="checkbox"/> Auction-Based
	<input type="checkbox"/> Other (Please describe)		
Years in Business:	Do you sell outside the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Types of product you currently sell:			
What is your annual volume of sales: \$			
Has Applicant ever filed relief under Bankruptcy or Receivership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any suits or unsatisfied judgments against Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PAYMENT TERMS

Please check how you would like your application/account processed:

- I do not wish to apply for credit terms and will pay with a credit card in advance of shipment of goods.
Please skip to next page for signature; no need to fill in below bank and trade references
- I wish to apply for credit terms, please see my information below.
Please fill in the below bank and trade references

Credit Line Requested: \$

Please list at least one bank reference.

Bank References			
Bank Name:			
Street Address:			
City:	State:	Zip Code:	
Account Number:	Account Type:		
Main Business Phone:	Fax:		
Financial Statements Available?	<input type="checkbox"/> Will send	<input type="checkbox"/> Will not send	<input type="checkbox"/> Attached

Bank Name:			
Street Address:			
City:	State:	Zip Code:	
Account Number:	Account Type:		
Main Business Phone:	Fax:		
Financial Statements Available?	<input type="checkbox"/> Will send	<input type="checkbox"/> Will not send	<input type="checkbox"/> Attached

List three trade suppliers from whom you buy on open account.

Trade References			
Company Name:		Contact Name:	
Street Address:			
City:	State:	Zip Code:	
Main Business Phone:	Fax:		
Email Address:			

Company Name:		Contact Name:	
Street Address:			
City:	State:	Zip Code:	
Main Business Phone:	Fax:		
Email Address:			

Company Name:		Contact Name:	
Street Address:			
City:	State:	Zip Code:	
Main Business Phone:	Fax:		
Email Address:			

APPLICATION AUTHORIZATION

By completing this form the undersigned Applicant hereby agrees to all Terms and Conditions stated or implied.

Terms and Conditions:

1. On all accounts past due **1½% INTEREST PER MONTH (18% ANNUAL PERCENTAGE RATE)** will be charged.
2. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
3. The undersigned agrees to the terms and conditions herein.
4. The above supplier(s) and/or bank(s) are hereby authorized to release information pertinent to a credit check to First Gear.
5. This application may be reproduced to provide or obtain such authorizations.

Please be assured that all information provided will be held confidential.

Signature _____
 Title _____
 Date _____

Please print this Application, sign it and then fax or mail to:

First Gear, Inc.
 Attn: Dealer App
 PO Box 52
 Peosta, IA 52068-0052

Fax: 563.582.2415
 Attn: Dealer App

Or scan the signed Application and email to: consumerservices@1st-gear.com

We appreciate your cooperation in answering these questions and want to assure that all information is receiving our prompt action.