

DEALER APPLICATION

Please print this form and enter the requested information. This form and a completed and signed "Confidential Credit Application" should be sent to: FlagZone, LLC, Attn: Sales Dept., 105A Industrial Drive, Gilbertsville, PA 19525. Or fax your completed applications to the same at 800-862-7706. Upon receipt of your applications, we will issue a customer account number and initial credit line and terms. This will be done within 2 business days after receipt of your forms.

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

SHIPPING ADDRESS *: _____

CITY, STATE & ZIP: _____

*IF DIFFERENT FROM MAILING — UPS WILL NOT DELIVER TO A P.O. BOX

PLEASE CHECK ONE: COMMERCIAL ADDRESS YES
 RESIDENTIAL ADDRESS YES

PHONE #: _____ FAX #: _____

WEB SITE: _____ EMAIL: _____

COMPANY CONTACT: _____

ACCOUNTS PAYABLE CONTACT: _____

YEARS IN BUSINESS: _____ # YEARS AT LOCATION: _____

PRIMARY BUSINESS TYPE:

DISTRIBUTOR: RETAILER: MAIL ORDER: OTHER:

MAJOR PRODUCT LINES: _____

YELLOW PAGE AD: YES NO IF YES, HEADING: _____

TRADE GROUP MEMBERSHIPS: _____

COMMENTS: _____

FOR OFFICE USE ONLY

Dealer # _____

Credit Approval: _____

Credit Limit: _____

CSR: _____

Zip Search: _____

Approved By: _____

CONFIDENTIAL CREDIT APPLICATION

Note: All sections must be completed in full unless requesting credit card terms.
For credit card terms please fill in Company Name and sign and date bottom of form.

COMPANY INFORMATION

Company Name _____

Bank _____ Account # _____

Officer _____ Phone _____

OWNER INFORMATION (Must be completed for all partnerships and sole proprietorships and corporations)

_____ Corporation _____ Partnership _____ Sole Proprietorship

Owners Full Name _____ Phone _____

Owners Address _____

City _____ State _____ Zip _____

Owners Social Security Number _____ Federal I.D. # _____

Partners Full Name (If Partnership) _____

Partners Address _____ SS# _____

City _____ State _____ Zip _____

TRADE REFERENCES

1. Name _____ Address _____

Phone _____ Fax _____ Email _____

2. Name _____ Address _____

Phone _____ Fax _____ Email _____

3. Name _____ Address _____

Phone _____ Fax _____ Email _____

I agree to pay invoices according to the terms offered by FlagZone, LLC. I agree to pay interest at a rate up to 1½ % per month (18% per annum) for all invoices past due, all reasonable costs of collection, including attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge up to 1½ % per month (18% per annum) on all past due amounts. The signatures also grant FlagZone, LLC the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature _____ Title _____ Date _____