

DEALER APPLICATION

***If Requesting Open Account, All Sections Must Be Completed. Please Print or Type.**



NHC DISTRIBUTORS, INC.

212 Lewis Avenue
Philadelphia, MS 39350

Phone: 1-800-222-8409
Fax: 1-800-549-7911

TYPE OF ACCOUNT REQUESTED:

- Credit Card
- C.O.D.
- 2% 10 Days, Net 30 Days*
- 1% 10th, Net 25th*

BUSINESS INFORMATION

Business Name _____

Contact Person/Title _____ County _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Website _____ E-mail Address _____

Of Years In Business _____ # Of Employees _____ Approximate Facility Size _____ Own or Rent? _____

Business Operates From: Own Building Rented/Leased Building Home Other _____

Primary Business: Lawn & Garden Auto Parts Major Lines Carried _____
 Servicing Dealer Power Sports _____
 Hardware Other _____

Authorized Servicing Dealer For: Briggs & Stratton Tecumseh Kohler Kawasaki Other _____

How did you hear about NHC Distributors, Inc.? _____

Estimated Annual Parts Purchases \$ _____ Are You Interested In NHC's On-line Ordering and Parts Look-up? _____

What NHC Products Are You Interested In? _____

OWNERSHIP INFORMATION

Business Type: Individual/Sole Proprietorship Date Business Established? _____
 Partnership State Of Incorporation? _____
 Corporation

Are You Sales Tax Exempt? Yes No Federal Tax ID # _____

Sales Tax ID # _____

Owner's Name _____ Social Security No. _____

Owner's Home Address _____ City _____ State _____ Zip _____

Of Years At This Address? _____ Owner's Home Phone No. _____

Co-Owner's Name _____ Social Security No. _____

Co-Owner's Home Address _____ City _____ State _____ Zip _____

Of Years At This Address? _____ Co-Owner's Home Phone No. _____

CREDIT INFORMATION

Amount Of Credit Requested \$ _____ Will You Accept Backorders? Yes No

Have You Ever Had Credit With Us Before? _____ If Yes, Under What Name? _____

Accounts Payable Contact _____ Phone No./Ext. _____

Person(s) Authorized To Purchase: _____

Purchase Order Required? Yes No Please Send A Monthly Statement? Yes No

BANK INFORMATION

Bank Name #1 _____ Account No. _____

Bank Address _____ City _____ State _____ Zip _____

Bank Contact Person _____ Phone No. _____ Fax No. _____

Account Type: Checking Savings Loan Secured Unsecured

Bank Name #2 _____ Account No. _____

Bank Address _____ City _____ State _____ Zip _____

Bank Contact Person _____ Phone No. _____ Fax No. _____

Account Type: Checking Savings Loan Secured Unsecured

Bank Name #3 _____ Account No. _____

Bank Address _____ City _____ State _____ Zip _____

Bank Contact Person _____ Phone No. _____ Fax No. _____

Account Type: Checking Savings Loan Secured Unsecured

TRADE REFERENCES (please list your 3 largest vendors)

Comany Name #1 _____ # Of Years Doing Business With This Vendor? _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ Annual Purchases: \$ _____

Comany Name #2 _____ # Of Years Doing Business With This Vendor? _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ Annual Purchases: \$ _____

Comany Name #3 _____ # Of Years Doing Business With This Vendor? _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ Annual Purchases: \$ _____

GENERAL TERMS AND CONDITIONS

- The information in this deal application is provided to NHC Distributors, Inc. for the purpose of obtaining credit. All companies and agencies with whom we deal are hereby authorized to release both personal and business credit information to NHC.
- An invoice is given at the time of purchase. Statements are sent on the 26th day of each month to customers who request one.
- **Terms** - Net 30 days from invoice date unless specified otherwise. If early payment discounts are allowed, the envelope must be POSTMARKED within the time limit specified. Cash discounts cannot be taken on current billing if any amount is past due.
- **2% 10 Days, Net 30 Days** – If payment of the invoice is POSTMARKED within ten days of the invoice date, a 2% discount is allowed. Full payment is due thirty days after the invoice date. Invoices not paid by the due date are subject to a service charge.
- **1% 10th, Net 25th** – If payment of the invoice is POSTMARKED by the 10th day of the month following the invoice date, a 1% discount is allowed. Full payment is due by the 25th of the month following the invoice date. Invoices not paid by the due date are subject to a service charge
- A service charge of 2% per month (minimum \$0.50) will be applied to all invoices not paid by the due date. Finance charges not paid on a monthly basis will render the account past due as would any invoice left open. In the event it becomes necessary to place an account in the hands of any attorney or collection agency, the purchaser shall be liable for reasonable fees and costs of collection in addition to the balance due plus accrued late charges
- No additional credit will be extended to past due accounts unless satisfactory arrangements are made with the credit department.
- **PERSONAL GUARANTEE:** The undersigned unconditionally personally guarantees to NHC the full and prompt payment of any and all indebtedness (including late charges incurred) and agrees to pay all collection costs such as attorney's fees, collection agency fees, sheriff's fees and any other expenses incurred in securing payment of same.
- NHC reserves the right to suspend or withdraw credit privileges should the account fall past due or upon any information indicating insolvency or any other information which would prevent the debt from being paid.

I represent that the information contained in this dealer application is true and correct and is given to induce NHC Distributors, Inc. to extend credit to the applicant. My company and I authorize NHC Distributors, Inc. to make such credit investigation as it sees fit, including contacting trade and bank references as well as obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to NHC Distributors, Inc. any and all information concerning the financial history of my company and myself.

I have read, understand and agree to the terms and conditions stated above.

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

For Office Use Only:		
Date Received: _____	Approved <input type="checkbox"/>	Declined <input type="checkbox"/>