



DEALER APPLICATION

DCC Specialties, 210 East Front Street, Traverse City, Michigan 49684
Tel: 800-671-0641, Fax : 231-947-1411, <http://www.dccspecialties.com>, e-mail: info@dccspecialties.com

OFFICE USE ONLY

ACCOUNT # _____

SALES PERSON _____

MON TUE WED THU FRI _____

OFFICE USE ONLY

TERMS _____ DATE _____

CREDIT _____

AUTHORIZATION _____

STORE NAME _____

ADDRESS _____
STREET

CITY _____ ST _____ ZIP _____

SHIP TO ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

OWNER'S NAME _____ HOME PHONE # _____

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____

BANK AND TRADE REFERENCES

1 _____
DISTRIBUTOR NAME PHONE ACCT # FAX NUMBER

2 _____
DISTRIBUTOR NAME PHONE ACCT # FAX NUMBER

3 _____
DISTRIBUTOR NAME PHONE ACCT # FAX NUMBER

4 _____
BANK NAME PHONE ACCT # FAX NUMBER

All new accounts will be started on a Credit Card basis. If you would like to be on COD, Company Check or Open Account basis, references will be contacted, reviewed and if satisfactory to DCC Specialties Credit Dept., the account may be approved for check payment. All accounts must provide a valid American Express, MasterCard, Visa or Discover account number with expiration date to be charged against in the event of non-performance, to include, but not limited to, NSF checks, improperly drafted checks, or fees associated with returned/refused orders.

ACCT # _____ EXPIRATION DATE _____

PERSONAL GUARANTY: IN CONSIDERATION OF DCCSPECIALTIES' APPLICATION/AGREEMENT, THE GUARANTOR HEREBY AGREES TO UNCONDITIONALLY PERSONALLY GUARANTEE PAYMENT AND PERFORMANCE UNDER THE TERMS OF AGREEMENT TO THE HOLDER OF THIS AGREEMENT IN THE EVENT THE ABOVE BUYER FAILS TO DO SO. GUARANTOR HEREBY WAIVES ANY NOTICES REGARDING THE AGREEMENT OF THIS GUARANTY AND AGREES THAT THIS GUARANTY SHALL BE APPLICABLE FOR AS LONG AS THIS AGREEMENT AND THE ACCOUNT SHALL BE OPERATIVE.

GUARANTOR'S SIGNATURE _____ SOCIAL SECURITY # _____ DATE _____



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CREDIT CARD AUTHORIZATION

I authorize DCC Specialties, in the event of a delivered order, in part or in whole, without timely payment as specified in terms, to charge against my credit card specified below, those funds due to DCC Specialties.

AMEX, MasterCard, Visa or Discover # _____ Expiration Date _____

Signature _____ Date _____

ACCOUNT POLICY

Account Types

The account types are C.O.D., Company Check, Credit Card and Open. All new accounts will be credit card.

Account Terms

The payment terms established by DCC Specialties is based upon the account type as stated above. C.O.D. accounts will make payment upon delivery of goods. Credit card accounts will be billed at time of shipment. Open accounts are established on an individual basis.

NSF Returned Checks

The account will be charged \$25.00 for bank fees and additional discounts will be added back.

Termination

DCC Specialties reserves the right to terminate this agreement at will solely at its discretion.

REFUSED ORDERS

If any package or order is refused or returned without prior authorization by DCC Specialties, the account will be placed on prepay status for all orders or the account will be terminated. Any refused or returned order will be assessed a handling fee of \$25.00, which will be charged to the credit card of record along with outstanding freight and/or merchandise.