



1641 Rhoda Ave. Columbus, Ohio 43212 • T: 614.675.0242 / 888-626-7320 • F: 614-569-3335

DEALER APPLICATION (REQUIRED)

Company (customer): _____ Tax ID: _____

State Dealer #: _____ Reseller Permit #: _____

Type of Company (select one): a) Corporation b) Partnership c) LLC d) Sole Proprietorship

Billing Address (street, city, state, zip): _____

Shipping Address (street, city, state, zip): _____

Telephone: _____ Fax: _____ Website: _____

Email(s): _____

Owner's Full Name: _____

TRADE REFERENCES (MAYBE REQUIRED)

Company#1: _____ Telephone: _____

Company#2: _____ Telephone: _____

Company#3: _____ Telephone: _____

PERSONAL PAYMENT GUARANTEE

The undersigned, guarantees to GiFOR USA that payment of all purchases will be made when due by said Company, and agree to be bound by all of the Terms set forth herein.

Owner's Signature: _____ Name: _____

Date: _____

PREFERRED PAYMENT METHOD

Select one of the two options:

- 1. Check *(Mail in your check to our above address on or before the due date of your invoice)*
- 2. Credit Card *(Payments will execute automatically when your order is shipped)*

FINANCIAL INFORMATION (IF PAYMENT METHOD IS CHECK AND NET30 ACCOUNT IS REQUIRED)

I hereby authorize GiFOR USA, LLC to use this checking account information for any purchase of GiFOR USA products or services based on term#3 below until revoked in writing.

Company Bank Name: _____

Routing No: _____

Checking Account No: _____

Address *(street, city, state, zip)*: _____

Telephone: _____

Printed name: _____ Signature for Approval: _____

CREDIT CARD INFORMATION (IF PAYMENT METHOD IS CREDIT CARD)

I hereby authorize GiFOR USA, LLC to use this Credit Card for any purchase of GiFOR USA products or services until revoked in writing.

Business name: _____ Card holder full Name: _____

Billing Address *(street, city, state, zip)*: _____

Card Type *(circle one)*: Visa MasterCard Discover Amex

Card Number: _____ Expiration *(mm/yy)*: _____

Signature for Approval: _____

NOTE: when entering credit card info, please fax your application for security reasons. Do not email it. Or you are welcome to call in to provide your credit card information.

TERMS

1. Customer agrees to the terms listed below as well as the terms and conditions of GiFOR USA. As such, please see GiFOR USA's terms and conditions.
2. This application may take between 1 to 5 business days to process depending on the verification required.
3. Normal account credit term is Net30 when payment method is check. The monthly statement with all the invoices for the given month are payable in one lump payment due 15 days after the end of the statement month or the date stated therein.
4. If payment is not timely made, GiFOR USA, in addition to other legal rights, shall be entitled to interest on any unpaid balance at the rate of 1.6 % per month on the unpaid balance or any part thereof.
5. If GiFOR USA is required to take any action to enforce collection or the terms hereof, it shall be entitled, but not limited, to recover its reasonable attorney's fees, costs, and expenses incurred.
6. M.A.P. - Minimum Advertised Pricing Policy is up to 15% below suggested retail price. Unless discussed and approved directly by GiFOR USA. It's the dealer responsibility to maintain current pricing.
7. Company shall notify GiFOR USA of any change of ownership within three working days of such change.
8. Company represents that it's solvent, and that at each delivery of merchandise this representation shall be deemed renewed unless notice of the contrary is given in writing by the company to GiFOR USA at least 30 days prior to delivery of such merchandise.
9. In submitting this application the applicant authorizes GiFOR USA to investigate its credit record, including all of its bank and trade references, and consents to the release of any and all information concerning its credit by any bank, trade reference, or any other financial institution or entity with whom the applicant conducts or has conducted business.
10. In the event of any conflict between the terms of any purchase order and this contract, it is understood and agreed that the terms of this contract shall govern. This contract is to be governed and construed according to the Uniform Commercial Code, where applicable, and the laws of the State of Ohio, the courts of Franklin County, Ohio shall have jurisdiction as to all matters in connection herewith.

Owner's Signature: _____ Name: _____ Title: _____

(If applicable):

Partner's Signature: _____ Name: _____ Title: _____

I/We hereby certify that the above information is true to the best of my knowledge. I also understand that GiFOR USA, LLC reserves the right to deny this application.

Signature: _____ Date: _____

APPLICATION CHECK LIST

1. Send this completed application to Fax: **614-569-3335** along with applicable documents
2. A copy of applicable documents
 - a. Your reseller permit or applicable documentation authorizing you resale and no tax
 - b. A voided copy of a current business check (if payment is check)