

J&D Walter Distributors, Inc.
PO Box 340 • Glenmont, NY 12077-0340 USA
Phone: 518-449-1606 • Toll Free: 800-833-3503

Fax: 518-449-1694



ACCOUNT APPLICATION

GENERAL INFORMATION:

Shop Name: _____ Under present ownership since: _____
Corporate Name(s) and/or DBAs: _____
Affiliated Store(s)/Store Group: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ext: _____ Fax: _____
Federal ID #: _____ State Tax Resale #: _____
Type of Business (check all that apply):
Franchise shop _____ New Bikes _____ Used Bikes _____ ATV _____ Parts & Accessories _____
Repair _____ Other _____ If other, describe: _____
List Franchises: _____
A/P Contact Name: _____ Phone: _____ Ext: _____
E-Mail: _____ Fax: _____
Purchasing Contact Name: _____ Phone: _____ Ext: _____
E-Mail: _____ Fax: _____
Website URL(s): _____
Hours of Operations: _____

REFERENCES:

Please indicate your three main accessories suppliers to whom you pay with a company check.

1. _____
2. _____
3. _____

BUSINESS OWNERSHIP: For corporation list all officers, otherwise list all owners:

1. Name: _____ *Social Security #: _____
Home Address: _____
City/State/Zip: _____ *Home Phone: _____
2. Name: _____ *Social Security #: _____
Home Address: _____
City/State/Zip: _____ *Home Phone: _____

*Required for all business forms except corporations. List additional persons on company letterhead.

AUTHORIZED SIGNATURE: (This form should be signed by owner or corporate officer of business.)

I understand that you sell only to motorcycle franchise, accessory and repair shops and that you reserve the right to qualify any account seeking to purchase from J&D Walter Distributors, Inc.

Authorized Signature: _____ Title: _____
Print Name: _____ Date: _____
Print Name of Company: _____

TYPE OF ACCOUNT REQUESTED:

COD: _____ Credit Card: _____ Open Account: _____

If open account, type of credit requested: Daily operating account: _____ Dating account: _____ Both: _____

LEVEL OF CREDIT REQUESTED:

\$2,500 _____ \$5,000 _____ \$7,500 _____ \$10,000 _____ \$10,000+ _____

CREDIT REFERENCES:

Please indicate your three main accessories suppliers with whom you have a credit account.

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

BANKING REFERENCE(S):

Bank Name: _____ Contact: _____

Address: _____

Checking Account #: _____ Phone: _____

Note: Other reference(s) may be submitted. Please include the same information as listed above.

J&D Walter Distributors, Inc. offers terms of Net 30 from invoice date for credit qualified accounts, unless otherwise agreed to in writing. All account balances not paid within these terms will be assessed a finance charge of 1.5% on the unpaid balance.

As security for the payment of all amounts due to J&D, the Credit Applicant grants that J&D maintains ownership of all goods shipped by J&D to the Applicant until such time as the goods are paid for in full.

The applicant acknowledges that the information contained in this application is for the purpose of obtaining merchandise on credit from J&D. The Credit Applicant certifies that the information provided is true and correct to the best of its knowledge. J&D is authorized to investigate any statements made in this application and to rely on the information obtained in accepting or rejecting this application for credit. J&D is further authorized to obtain a credit report on the Credit Applicant(s) as well as on any guarantor of the Credit Applicant(s) obligation to J&D.

In consideration of any extension of credit made by J&D to the Credit Applicant, the undersigned guarantees to J&D the punctual payment in full of all invoices, including any finance charges accrued, until the invoices are paid in full. If an account has to be referred to an agency or attorney for collection, the Credit Applicant shall be responsible for paying collection fees, court costs and attorney's fees incurred by J&D in addition to the unpaid balance and finance charges.

This guarantee shall operate as a continuing guarantee and shall expire only upon receipt of written notice when received by J&D by registered mail or other method requiring written receipt.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Home Address: _____ City/State/Zip: _____

Home Telephone: () _____ Social Security #: _____

Note: In the case of corporations and partnerships with more than one officer/shareholder, submit other name(s) on company letterhead. Please include the same information as requested above.

REMITTANCE:

Please remit this form to:

J&D Walter Distributors, Incorporated, P.O. Box 340, Glenmont, NY, 12077-0340 or fax to 518-449-1694 along with a sheet of company letterhead and business card, at least one photo of the inside and outside of shop and a copy of your tax exempt form.