



Factory Edge Distributing, Inc  
P.O. Box 825 609 E. Mill St.  
Piercetown, IN 46562  
P> 574-594-3930 800-270-3912  
F> 574-594-2726

**DEALER APPLICATION REQUEST**

Date:     /     /     

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Order Contact Person(s) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Years in Business: \_\_\_\_\_ At Current Location: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Federal ID Number (required): \_\_\_\_\_

State TID Number (required): \_\_\_\_\_

**Trade Suppliers**

Company                      Address                      City, State, Zip                      Acct. No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Information**

Name                      Address                      City, State, Zip                      Acct. No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application filled out by (sign here) \_\_\_\_\_

a finance charge of 1.5% per/month applies to past due accounts  
any and all fees required in collecting on past due accounts will be added to the total amount due

**IF REQUESTING OPEN ACCOUNT STATUS THE FOLLOWING INFORMATION MUST BE FILLED OUT**

not all customer will qualify for open account

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Year Established \_\_\_\_\_  
(if a corporation, list names of officers and titles. If other entity, list names of partners or owners)

Name/Title	Home Address	City, State, Zip	Home Phone

**Personal Guarantee / Terms of Account**

- 1) In consideration of the sale of merchandise and the granting of credit by Factory Edge Distributing, Inc. to the person(s) of company to whom the credit is extended pursuant to the above application for credit, the undersigned unconditionally, jointly and severally, guarantee(s) payment for all purchases made by said persons or company.
- 2) The normal credit terms granted are NET 30 DAYS and I/we agree to pay the monthly statement in full by the terms as stated on invoice.
- 3) In the event of default of the foregoing paragraph (2) I/we agree to pay a service charge of 1 1/2% added monthly on all unpaid balances past due. This service charge rate = 18% per annum.
- 4) I/we agree to notify Factory Edge Distributing, Inc. of any change of ownership within 30 days of said changes.
- 5) If this account is placed for collection I/we agree to pay all collection expenses and/or attorney fees involved in collecting monies.

<b>Officer(s) Signature / Title</b>	<b>Soc. Sec.#</b>

**Authorization to Release Information**

I hereby authorize you to release any information necessary to assist in establishing a line of credit

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**All information is understood and agreed upon for establishing Open Account**

Authorized by: (please print) \_\_\_\_\_  
(signed) \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

Office use Only      Approved \_\_\_\_\_      Declined \_\_\_\_\_  
Dealer Number: \_\_\_\_\_