



1763 PLACENTIA AVE. COSTA MESA CA 92627
 Tel: (949) 722-8556
 Fax: (949) 722-9165
 E-mail:accounting@draven.com



PAGE 1
 CREDIT CARD OR COD CASH
 CUSTOMERS

Rep: _____

NEW CUSTOMER ACCOUNT SET UP

BUSINESS NAME: _____ PHONE: _____

CONTACT NAME: _____ FAX: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

METHOD OF PAYMENT: CREDIT CARD: _____ COD CASH: _____

NOTE: IF TERMS ARE REQUESTED, AN ADDITIONAL APPLICATION REQUIRED!

SELECT DISTRIBUTION CUSTOMER AGREEMENT

1. This agreement shall be binding upon customer for all sales and/or purchases of company's products for which credit balance shall at any time exist.
2. Customer agrees to promptly pay when due, all balances owing upon customer's credit account within the regular and ordinary credit terms of company.
3. In the event that customer shall fail to pay account balance when due, then in such event, customer agrees to pay to company, interest at the rate of 1_% per month, commencing the first date following the due date, and thereafter added to principal.
4. In the event of nonpayment, customer hereby agrees to pay, in addition to the principal and interest, all reasonable attorney's fees and court costs.
5. Title does not change names until merchandise is paid for.
6. Return of Goods:
 - (a) Goods which are conforming shall not be returned to company without prior written consent by the company. The return of such goods by the customer shall be subject to a 15% restocking charge, which shall be submitted to company with the return of the conforming goods. It is expressly agreed between the parties that said restocking charge is a fair representation of the actual cost of returning the goods to inventory for resale and is not to be deemed as a penalty.
 - (b) The return of nonconforming goods must occur within 20 days after delivery by company. Such returns shall be freight prepaid in original cartons or containers and shall be subject to inspection by company. In the event that customer shall fail to return nonconforming goods within 20 days after receipt by customer, such goods shall be deemed conforming in all respects.
7. Customer shall, within a reasonable time after written request of the company, provide company with it current financial information, including statements, bank references and current trade references for the purposes of updating this Agreement and increasing or decreasing the credit account of customer. Company, may, at any time, without written notice to customer, terminate this agreement, with or without cause, in which event company shall notify customer and thereafter, purchases shall be for cash, C.O.D. or equivalent.

 Signature (Owner, Officer or all Partners)

 Date

 Print Full Name

 Title



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PAGE 2 OF 4
 TERMS OR COD CO CHECK
 CUSTOMERS

Rep: _____

NEW ACCOUNT APPLICATION

Date _____

Business Name _____ Phone _____ Fax _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address: _____

City _____ State _____ Zip _____

CREDIT AND TERMS REQUESTED _____

PREMISES : OWNED _____ LEASED _____ LEASE TERM: _____

DESCRIPTION OF BUSINESS _____

HOW LONG IN BUSINESS? _____

OWNERSHIP: SOLE OWNER _____ PARTNERSHIP _____ CORPORATION _____

IF CORPORATION: STATE OF INCORPORATION _____

FEDERAL TAX I.D. NUMBER _____

SALES TAX EXEMPTION NUMBER _____

(ATTACH COPY OF CERTIFICATE)

HAS THE FIRM OR ANY OF ITS PRINCIPALS EVER BEEN BANKRUPT?

YES _____ NO _____

IF YES, EXPLAIN _____

CONTACTS

Principal/Owner Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Home Phone Number: _____

Accounts Payable Contact: _____ Ext _____

Purchasing Contact: _____ Ext _____

SUPPLIER CREDIT REFERENCES (Minimum 4 trade references. Footwear, Skateboards & Sports accessories please)

1. Company _____ Phone _____ Fax _____

Address: _____

2. Company _____ Phone _____ Fax _____

Address: _____

3. Company _____ Phone _____ Fax _____

Address: _____

4. Company _____ Phone _____ Fax _____

Address: _____

5. Company _____ Phone _____ Fax _____

Address: _____

BANK REFERENCES

NAME OF BANK _____

CHECKING ACCOUNT NO. _____ LOAN ACCOUNT NO. _____

CONTACT _____ PHONE _____ FAX _____

I hereby authorize you to release to Select Distribution any and all information they may request concerning my account with your bank.

Authorized Signature Position/Title Date

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate all credit and bank references submitted above. Should this account require legal action, the undersigned agree to pay all reasonable attorney costs and fees involved with the collection of this account.

Authorized Signature Position/Title Date

PERSONAL GUARANTEE

In consideration of credit being extended by Select Distribution to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Select Distribution the faithful payment, when due, of all accounts of said applicant for the purchases made from the date of this application. The undersigned guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant or with respect to any security held by Select Distribution, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

Signature Social Security No. Date

Signature Social Security No. Date

Home Address _____

Home Phone _____

SELECT DISTRIBUTION CUSTOMER AGREEMENT

SELECT DISTRIBUTION
1763 Placentia Avenue
Costa Mesa, CA 92627
(P) 949-722-8556 (F) 949-722-9165

8. This agreement shall be binding upon customer for all sales and/or purchases of company's products for which credit balance shall at any time exist.
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Signature (Owner, Officer or all Partners)

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Print Full Name

Title

Signature

Date

Print Full Name

Title