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Buck Country Products is a div. of  
 US Imagineering, Inc.

## DEALER AGREEMENT APPLICATION

**Credit Line Requested:** \$ \_\_\_\_\_ *Credit lines over \$5000 require security lien forms (supplied by your bank) to be filed in your state by USI.*  
**Terms:** 1.0% discount - 10 days, net 30 days. A service charge of 2% will be assessed monthly on past due accounts. (APR 24%)

**Please submit a minimum of 3 trade references & bank contact information along with the completed info below**

(Please **TYPE**. Answer all questions. If none, so state)

Business Name: \_\_\_\_\_ Account Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Business Ownership:  Corporation  Partners  Individual  Government

FEIN # \_\_\_\_\_ Tax Exempt # \_\_\_\_\_ Vendor's Resale License # \_\_\_\_\_

(NOTE: WI resellers must submit signed Tax Exempt form w/credit application submission)

Date Business Started: \_\_\_\_\_ Are purchase order numbers required?  YES  NO

**TERMS:** Credit Card (Visa, Mastercard, American Express, or Discover), Money Order, Cashier's Check, COD or Open Line of Credit upon approval.

**RETURNS:** All returns must be pre-authorized by USI and issued an Return Authorization Number (RA#). Returns sent without a Return Authorization Number (RA #) will be refused by USI. All approved returns will be assessed a minimum 15% restocking charge.

I (We) agree to the following:

1. That the above facts are true and that I (we) will notify you immediately of any changes.
2. We have applied for an open credit agreement with USI. As part of the credit application process, USI may verify information contained in our application.
3. We authorize you to provide USI the information they request. Such information includes bank, money market, loans and similar account balances.
4. A copy of this authorization may be accepted as an original.
5. That I (we) will pay a FINANCE CHARGE of 2% (which is 24% Annual Rate) on the past due balance of my (our) account on the first of each month if payment has not been in accordance with the terms on the invoice.
6. That all invoices will be paid within terms indicated to prevent termination of credit.
7. In the event that there is a Past Due balance on the account, all outstanding invoices shall become immediately due and payable. Applicant agrees to pay all costs of collection, court costs and reasonable attorney fees that may be incurred in the collection of any account.
8. I Give My Personal Guarantee for Payment of Any Obligations Owing to US Imagineering, Inc..

The representations made herein are correct to the best of my knowledge. I understand this application may be rejected or revoked by US Imagineering, Inc. at any time if the actual facts are found to differ materially from those stated above.

X \_\_\_\_\_  
 Signature Type or Print Name Title Date

**\*\*\* NOTE: Credit will NOT be granted unless the Agreement is Signed As Is\*\*\***