



# Greenhouse

614.279.1100 • 650 Harrison Drive • Columbus, OH 432 ( ) • Place orders online at greenhousebmx.com

## PLEASE COMPLETE ALL SECTIONS OF THIS DEALER APPLICATION

Name:	<input type="text"/>	DBA:	<input type="text"/>
Ship to:	<input type="text"/>	Bill to:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Phone:	<input type="text"/>
Zip:	<input type="text"/>	Phone:	<input type="text"/>
	Fax:	Fax:	<input type="text"/>
	Fax:	Fax:	<input type="text"/>
Accounts payable contact:	<input type="text"/>	Accounts payable phone:	<input type="text"/>
E-mail:	<input type="text"/>	Tax ID number:	<input type="text"/>
Type of business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
	<input type="checkbox"/> LLC		
Number of years in business:	<input type="text"/>	Number of years selling bikes:	<input type="text"/>
Name of owner(s):	<input type="text"/>	Authorized buyer(s):	<input type="text"/>
	<input type="text"/>		<input type="text"/>

## CREDIT CARD INFORMATION

Type of card:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express	
Card number:	<input type="text"/>			
Zip of billing address:	<input type="text"/>	Expiration date:	<input type="text"/>	
		Security code:	<input type="text"/>	
Name on card:	<input type="text"/>	Title:	<input type="text"/>	
Signature:	<input type="text"/>		Date:	<input type="text"/>

CONTINUED: PLEASE COMPLETE PAGE 2





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**CREDIT REFERENCES: BRANDS/VENDORS WHERE YOU HAVE ACTIVE ACCOUNTS**

Name:	<input type="text"/>	Name:	<input type="text"/>
Contact:	<input type="text"/>	Contact:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Contact:	<input type="text"/>	Contact:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>

**BANK REFERENCES**

Bank name:	<input type="text"/>	Account number:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Phone:	<input type="text"/>	Fax:	<input type="text"/>
Bank name:	<input type="text"/>	Account number:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Phone:	<input type="text"/>	Fax:	<input type="text"/>

**STANDARD TERMS AND CONDITIONS**

**ALL SALES ARE C.O.D. UNLESS SPECIFIED OTHERWISE. ALL RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE.** Should action be required to enforce payment of any past-due account, I/We agree to pay all costs including, but not limited to, Court costs, Attorney fees, and collection agency charges, which may be incurred or expended. I/We agree that any disputes will be governed by Ohio Law and heard in the courts of Franklin County, Ohio. I certify that all information on this form is correct. I fully understand your terms and agree to proper payment in consideration of extended credit. I/We hereby authorize the above listed bank and trade references to release credit information on our fi rm as requested. **I also authorize you to inquire with local credit reporting agencies. I authorize Greenhouse to charge my credit card for unpaid balances of 90 days or more.** You must conduct business in a retail store in a commerically zoned area. Please provide photographs to Verde Bikes of your store with signage clearly visible.

Printed name:	<input type="text"/>	Title:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>	Rep:	<input type="text"/>

**Please fax this form to 614.279.8095 or e-mail sales@greenhousebmx.com**

