



Greenhouse

(614) 777-0900 • 3660 Parkway Lane Unit E • Hilliard, OH 43026 • Visit us online at greenhousebmx.com

DEALER APPLICATION

PLEASE COMPLETE ALL SECTIONS

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"/>
Zip:	<input type="text"/>	Phone:	<input type="text"/>
		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: Mastercard VISA American Express

Card number:

Zip of billing address: Expiration date: Security code:

Name on card: Title:

Signature: Date:

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"/>
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"/>
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 all 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 firm 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 commercially 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) 777-0901 or e-mail sales@greenhousebmx.com



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