



P.O. Box 113, Cass City, MI 48726 • www.marshalldistributing.com • Ph. (989) 872-2109 • Fx. (989) 872-5350

Web-Site

Dealer/Credit Application

Date _____ New Application Update: Dealer # _____

Company Name _____

DBA (if different) _____

Bill to Address _____ City _____ ST _____ Zip _____

Ship to Address _____ City _____ ST _____ Zip _____

Phone () _____ Fax () _____

E-mail _____ Web Site _____

Date Business established _____ Number of Employees _____

Store Hours _____

Owner/s _____ Home Ph _____

Home Address _____ City _____ ST _____ Zip _____

Parts Manager _____ Accounting Contact _____

Company Bank _____ Ph () _____ Contact _____

Address _____ City _____ St _____ Zip _____

Mark One _____ Corporation or LLC or _____ Partnership/Sole Proprietorship

State of Incorporation _____ Sales tax # _____

Authorized purchasers _____

Trade Suppliers
 Company Name _____ Ph () _____
 Company Name _____ Ph () _____

Office Use Only	
REC	_____
TYPE	_____
ZN	_____
LOC	_____
SLS	_____
ST	_____
CATS	_____
OPEN	_____
PSWRD	_____

Are you a franchised Dealer?

Yes, please list. (Documentation not necessary.)

No, please submit following **required** documentation:

- _____ 1. Your **completed** dealer application.
- _____ 2. A copy of your state tax resale certificate.
- _____ 3. A copy of business license.
- _____ 4. A copy of your business check.
- _____ 5. A copy of your Yellow Pages ad, or business listing with directory assistance.
- _____ 6. Photos of business: Customer area, shop area, street view of building with sign.
 (Mail or e-mail photos to newdealer@marshalldistributing.com. No faxed photos.)

Payment Type

- C.O.D
- Credit Card (Visa, MasterCard, Discover and American Express.
- OPEN (If applying for OPEN account, please continue to page 2 & 3)

If applying for open account please complete the following section, if not, go to the last section

****THE APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION****

Owner(s)/Officers

Name Title SSN (required): _____

Home Address Home Phone: () _____

Name Title SSN (required): _____

Home Address Home Phone: () _____

****A CURRENT BUSINESS FINANCIAL STATEMENT FROM A CPA IS REQUIRED ALONG WITH THE FOLLOWING:**

Name of Bank/Checking: _____ Branch _____
Phone/Fax No. () _____ Account No: _____

Name of Bank/Financing (if different): _____ Branch _____
Phone/Fax No. () _____ Account No: _____

Aftermarket References: If you are using Parts Unlimited, Drag Specialties, Custom Chrome, Western Power Sports, Tedd's Cycle/V-Twin, or Kimpex as a trade reference, please send copies of your most recent statements, as they are not responding to our credit inquiries.

1.) _____ Acct#: _____ Phone/Fax No:() _____
Name

2.) _____ Acct#: _____ Phone/Fax No:() _____
Name

3.) _____ Acct#: _____ Phone/Fax No:() _____
Name

4.) _____ Acct# _____ Phone/Fax No:() _____
Name

5.) _____ Acct# _____ Phone/Fax No:() _____
Name

Franchises (Name/Acct no.): _____

I/we authorize **Marshall Distributing** to contact the references listed above pertaining to my/our credit and financial responsibility and to obtain a personal credit report on all owners/officers.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Personal Guaranty

To induce **Marshall Distributing, Inc.** to offer a line of credit to the above company, hereafter referred to as the company, the undersigned (whether one or more) guaranty to **Marshall Distributing, Inc.** that the company's account will be paid when due. This guaranty covers both present and future liabilities. This guaranty will remain in effect as long as we own the company and will cover any credit extended up to that date. If we terminate this guaranty, we will still be liable for any of the company's balance on account at the time such notice becomes effective.

Print Name Date: _____

Signature Title: _____

Print Name Date: _____

Signature Title: _____

Print Name/Witness Date: _____

Signature Title: _____

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1. **TERMS:** C.O.D., Open Account, and Credit Card (Visa, MasterCard, Discover, American Express). Orders are shipped C.O.D. or credit card unless an account has been approved for credit. Open account order terms are 10th prox. C.O.D. accounts are preferred. A finance charge of 1-1/2% per month (annual rate of 18%) will be assessed on all accounts over 30 days. **All past due accounts will be placed on C.O.D. until the account is brought up to date.**
 2. **RETURNED CHECKS:** There will be a \$30.00 service charge on any returned checks, and the account will be placed on a "Money Order Only" basis. If the account is not paid within 10 days, it will be turned over to our lawyers for collection.
 3. **TOLL FREE ORDERING:** Orders may be called or faxed to our toll free numbers (Orders received by 5:00 PM EST will usually ship that day) by Phone to **800-248-0136** or by Fax to **800-728-7999**. After-hour calls are answered by an automatic answering system. Any calls or faxes received after-hours will be processed the next business day.
 4. **ON-LINE ORDERING:** On-line ordering is available. **AFTER YOU HAVE BEEN APPROVED**, you may contact us to apply for a password.
 5. **SHIPPING ALLOWANCE:** Shipping is prepaid in the lower 48 states for Ultra Dealers according to the program and for non-Ultra Dealers over \$300. (Ultra Dealer program detailed on our policy page in the back of our catalogs)
 6. **MINIMUM ORDER:** There is a \$50 minimum order requirement; orders under \$50 will be charged a \$6.00 handling charge.

I/We hereby certify that the above information is true to the best of my knowledge. I also understand that **Marshall Distributing, Inc.** reserves the right to deny this application.

Signature: _____ Date: _____