



Custom Distribution Limited

15003 W. 101st Terrace
Lenexa KS 66215
Phone 913-888-9901 Fax 913-888-9913

Sales Representative: \_\_\_\_\_

DEALER APPLICATION

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

DBA \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Ship To Address \_\_\_\_\_
(Street) (City) (State) (Zip)

Bill To Address \_\_\_\_\_
(Street) (City) (State) (Zip)

Type of Business \_\_\_\_\_ Date Started \_\_\_\_\_

Check One: /\_/ Proprietorship /\_/ Partnership /\_/ Corporation (State of: \_\_\_\_\_)

Federal Tax Number \_\_\_\_\_ State Resale Number \_\_\_\_\_
+++++ Please attach a copy of your most recent State Tax Resale Certificate +++++

Owner's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_
(Street) (City) (State) (Zip)

Bank Reference \_\_\_\_\_ Phone \_\_\_\_\_

Bank Address \_\_\_\_\_ Fax # \_\_\_\_\_
(Street) (City) (State) (Zip)

Bank Account Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Please list three (3) Trade References:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_
(Street) (City) (State) (Zip)

Type of Account Requested: /\_/ COD only /\_/ Open Account (Net 30) Amount of Credit Requested \$ \_\_\_\_\_

/\_/ Credit Card (Complete Credit Card Authorization form)

Your signature affirms your financial responsibility, willingness, and ability to pay invoices in accordance with the terms and conditions of Custom Distribution Limited. Applicant personally guarantees and agrees to pay all costs of collection incurred by Custom Distribution Limited should a default in payment or any other obligation of Applicant occur. Your signature authorizes Custom Distribution Limited to research the above references.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please allow 2 - 3 weeks for processing of open account applications.



**Custom  
Distribution  
Limited**

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## CREDIT CARD AUTHORIZATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax # \_\_\_\_\_

Primary Card:

    /\_\_\_/ MasterCard      /\_\_\_/ Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

(Exactly as it appears on Credit Card)

Completion of the above form authorized **Custom Distribution Limited** to charge to the above-mentioned card for orders and past due balances. Invoice and credit card receipts are mailed to the company's "Bill-to:" address the next business day following transaction.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Personal Guarantee

In addition to agreeing to pay any and all collection expenses, legal fees and interest charges, I/we, hereby, personally and severally, give this continuing guaranty to Custom Distribution Limited and will personally pay all bills that are not paid prior to 12-31-06.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

## Custom Distribution Limited

15003 W. 101<sup>st</sup> Terrace, Lenexa, KS 66215 ☐ 913-888-9901 ☐ USA 800-897-5498 ☐ FAX 913-888-9913

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