



Rackulator™, Inc.
P.O. Box 248, 1301 Cnty. Rd. 5
Golden Valley, ND 58541
701-983-4213 Telephone
888-791-4213 Toll Free
701-983-4625 Fax

Sales Rep Name: _____

Dealer Application

COMPANY: _____ DBA: _____

TYPE OF TERMS REQUESTED (NET 30 / COD / CREDIT CARD): _____

PHONE #: _____ FAX #: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ WEBSITE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNTING CONTACT: _____ PHONE #: _____ FAX #: _____

TYPE OF ENTITY:

CORPORATION

PARTNERSHIP

SOLE PROPRIETORSHIP

LIMITED LIABILITY COMPANY

LIMITED PARTNERSHIP

FEDERAL TAX I.D. #: _____ RESALE #: _____

BUSINESS ESTABLISHED DATE: _____ # OF LOCATIONS FOR THIS COMPANY: _____

FRANCHISES CARRIED: _____

A. If Corporation please complete:

Corporate Legal Name: _____

Parent Company: _____

B. If Partnership or Sole Proprietor please complete:

Owner/Partner's Name: _____ Social Security #: _____

Home address: _____ Home Telephone: _____

City: _____ State: _____ Zip Code: _____

Partner's Name: _____ Social Security #: _____

Home address: _____ Home Telephone: _____

City: _____ State: _____ Zip Code: _____

Dealer Application (Continued)

COMPANY: _____ DBA: _____

C. IF IN BUSINESS LESS THAN ONE YEAR, PLEASE COMPLETE THE FOLLOWING

Name of Previous Business, If Any: _____

Address: _____ City: _____ State: _____

D. BANK REFERENCES

Name: _____ Account #: _____

Address: _____ City: _____ State: _____

Telephone #: _____ Contact Person: _____

Name: _____ Account #: _____

Address: _____ City: _____ State: _____

Telephone #: _____ Contact Person: _____

E. TRADE REFERENCES: (please list)

Name: _____ Account #: _____

Address: _____ Telephone #: _____

Name: _____ Account #: _____

Address: _____ Telephone #: _____

Name: _____ Account #: _____

Address: _____ Telephone #: _____

Customer authorizes Rackulator™, Inc. or its agent to obtain an Experian credit report for the purpose of establishing, maintaining or enforcing a credit relationship. Upon approval of credit, I/We agree to pay our account according to the terms granted and I/We acknowledge that I/We have read and fully understand this application.

If credit is granted (I) (we) promise to pay bills when rendered. (I) (we) understand all invoices are payable 30 days from invoicing and that a service charge of 1 ½% per month will be added to (my) (our) past due account. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay reasonable attorney's fees resulting from such action (I) (we) authorize the above listed Bank(s) and trade references to release any credit or financial information that maybe requested and further agree if credit is granted, to comply with the above terms.

Name: _____ Signature: _____

Title: _____ Date: _____

PERSONAL GUARANTEE (Partnership / Sole Proprietorship)

The undersigned guarantees fully, without reservation or offset, the payment of any sums due from the above noted "Applicant" in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. The undersigned hereby gives permission to use any tools necessary to determine credit worthiness.

Name: _____ Social Security #: _____

Signature: _____ Date: _____

Home address: _____

City: _____ State: _____ Zip Code: _____ Home Telephone: _____