



# DEALER APPLICATION

50 Old Post Road  
Newington, New Hampshire 03801  
(800) 926-REPS  
Fax (603) 433-8477

**Applicant:** *(must be filled out completely)*

**Applicants Name:** \_\_\_\_\_

*(Individual Name if you are a sole proprietor. Or, Registered name if Corporation, LLC or Partnership)*

**DBA, if different from the Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Bus Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Federal Tax ID#:** \_\_\_\_\_ **Business is a:** PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPERATION ( )

**Name of Principles:** \_\_\_\_\_

Have you or any of the other principles in your organization participated in either a corporate or personal bankruptcy in the past five years? Yes ( ), No ( ). If YES, please explain: \_\_\_\_\_

How long has the company operated under current ownership? \_\_\_\_\_ If less than three years, please list the date this business started or was purchased. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of Stores:** \_\_\_\_\_ Please list additional location(s), if more than three include list separately;

**Additional Location:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Additional Location:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Additional Location:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Accounts Payable Contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Check all that Apply:** RETAILER ( ) DISTRIBUTOR ( ) INTERNET SALES ( ) INTERNATIONAL SALES ( )



**Trade References: (must be filled out completely)**

**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Acct.#** \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Bank Reference: (must be filled out completely)**

**Bank Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Contact Person Name:** \_\_\_\_\_, **Phone:** \_\_\_\_\_

**Agreement:**

1. Applicant represents and warrants that the foregoing information is true and correct.
2. Applicant promises to pay **The Best Reps** for all purchase in accordance with terms of sale. If at any time, for any reason, Applicant is unable to pay for the purchases when due, **The Best Reps** may charge interest of 12% per annum on any amount past due until paid. In the event it becomes necessary for **The Best Reps** to incur collection costs or institute suite to collect any amount due; Applicant promises to pay such additional collection costs, charges and expenses, including reasonable attorney's fees.
3. Personal Guaranty: Guarantor \_\_\_\_\_ (individual's name) hereby unconditionally and irrevocably guaranties to **The Best Reps**. That Applicant will pay all purchases when due. If Applicant fails to pay all purchase when due, Guarantor agrees to pay such amount due upon demand. **The Best Reps** may proceed against Guarantor without first proceeding against Applicant. Guarantor agrees to reimburse **The Best Reps** for all expenses of enforcement of this agreement and this Guaranty, including without limitation, reasonable attorney's fee. Guarantor authorizes **The Best Reps** to obtain personal information about Guarantor from any consumer reporting agency.
4. Governing Law, Jurisdiction. This agreement shall be governed by and construed in accordance with the laws of the State of New Hampshire without regard to the conflicts of laws provisions thereof. All legal actions relating to this agreement shall be venued exclusively in a state of federal court located in Rockingham County, New Hampshire and Applicant and Guarantor consent to personal jurisdiction in courts.
5. Personal Service Waiver. In the event of any suit brought under this agreement, Applicant and Guarantor hereby agree to waive personal service and accept service by regular first class mail in accordance with the waiver of service provisions of the laws of the State of New Hampshire and agree to return any waiver of service forms as shall be required by the law.
6. This agreement automatically renews upon its 1 year anniversary unless either party cancels or changes it. All such changes must be submitted in writing and will allow 30 days for reply.

**Applicant;**

**Guarantor;**

**Sign:** \_\_\_\_\_

**Sign:** \_\_\_\_\_

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

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

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_