



2018 DEALER GUIDE INTERBIKE EDITION

DRIVER DISTRIBUTION

PHONE: 984.204.2929 TOLL FREE: 855.269.1404 FAX: 984.204.2498 SALES@EASTERNBIKES.COM

Driver Distribution, Inc PO Box 1287, Cary, NC 27512 PHONE: 984.204.2929 TOLL FREE: 855.269.1404 FAX: 984.204.2498 www.easternbikes.com sales@easternbikes.com Please print clearly and fill out entire application

DRIVER DISTRIBUTION DEALER CREDIT APPLICATION PG 1 OF 2

Business Name Phone #

Name of Owner/Principal Fax #

List legal corporate name if not the same as above

Billing Address City State Zip

Shipping Address City State Zip

Website Name: E-mail Address:

Principal Owner(s):

Full Name Title

Home Address City State Zip

Home Tel # Cell Phone # Social Security # Birth Date

Full Name Title

Home Address City State Zip

Home Tel # Cell Phone # Social Security # Birth Date

Type of Ownership: Sole Proprietorship Partnership Corporation LLC

Years under present management Date Business Started

Federal I.D. # State Resale #

If Corporation: State of incorporation Date incorporated

Store Square Footage #Employees Last year's total sales \$

Business space: Rent or Own Landlord's/Mortgagor's Name

Landlord/Mortgagor's address City State Zip Ph #

Use inventory to borrow from your bank? Yes No if yes: Name of Bank

Address City State Zip Phone #

Have you ever filed bankruptcy? YES NO If yes, when

Have any suits or liens been led against this business and/or principal(s) in this business? YES NO: If yes, when

AGREEMENT: As an owner/officer of my company, and as an applicant applying for credit, I certify that the information provided in this application is correct and agree to make payments in full for all valid purchases. By signing and submitting this credit application, I hereby grant Driver Distribution, Inc (a North Carolina Corporation) a Purchase Money Security Interest in all of its current and future inventory, including without limitation all of its inventory of products purchased from Driver Distribution, Inc and all proceeds of the same and further grant Driver Distribution, Inc limited power of attorney to execute one or more financing statements, amendments, continuations and termination statements pursuant to the Uniform Commercial Code of the state in which retailer is conducting business, satisfactory to Driver Distribution, Inc. This power of attorney is limited solely to the powers stated herein. Financial statements may also be required. By signing below, and in consideration for the credit extended me by Driver Distribution, Inc the undersigned hereby agrees to the following terms and conditions: I/We agree to pay all invoices rendered by Driver Distribution, Inc within 30 days from invoice date, unless other arrangements have been made in writing to the dealer by Driver Distribution, Inc. If we fail to pay by the due date, we agree to pay an interest rate of 1.5% per month (or maximum allowed by law) calculated on a simple basis on the amount of the invoice. If Driver Distribution, Inc is required to take legal action to enforce payment, we agree to pay costs including reasonable attorney's fees and collection costs, or, at the option of Driver Distribution, Inc a specific sum equal to 10% of the total amount due, provided that this provision of attorney's fees and collection costs is void where prohibited by applicable laws. The undersigned certifies that he/she is authorized to execute this document and that all statements are true and correct. Verification may be obtained from any source named in this application. I/we authorize my/our creditor(s) and financial institution(s) such information as Driver Distribution, Inc shall request for the purpose of verification of any information or statements contained in this application and that a copy of this authorization may be used to obtain such information. I/we hereby authorize Driver Distribution, Inc to provide information contained herein to other credit reporting services and suppliers. If the credit customer is a corporation, partnership, or an LLC, then those signing this application, whether signing as an officer or not, personally guarantee payment for all products purchased on credit by the corporation, partnership, or LLC. See Personal Guarantee on page 2 for full details. I/We hereby agree to comply with the terms of this agreement and all applicable laws.

Signature of Applicant Title Date

Signature of Co-Applicant Title Date



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DRIVER DISTRIBUTION DEALER CREDIT APPLICATION PG 2 OF 2

Business Name: _____ Address & City/State/Zip Code: _____

VENDORS WHO HAVE EXTENDED YOU OPEN TERMS

Table with 5 columns: NAME, ADDRESS, TEL #, FAX#, ACCT#. Rows 1-4.

STATE RESALE LICENSE/CERTIFICATE

A copy of your business's state resale license or state resale certificate or appropriate number must be included with this application.

FINANCIAL STATEMENT

Most Recent Financial Statement with Income Statement & Balance Sheet must be included. Date of Financial Statement _____

INTERNET AND MAIL ORDER SALES

Unauthorized Mail Order or Internet Sales, including but not limited to E-Bay, are strictly prohibited without written authorization by Driver Distribution, Inc

PERSONAL GUARANTEE

In consideration of the extension of credit by Driver Distribution, Inc (a North Carolina Corporation) to Applicant, the Guarantor does jointly and severally guarantee to pay and be responsible for all payments for all sums, balances and accounts due Driver Distribution, Inc from Applicant, including but not limited to collection charges and/or attorney's fees.

I/We have fully read and understand the personal guarantee and agree to be bound by its terms. I/We hereby agree to comply with terms of this personal guarantee and all applicable laws.

Guarantor (Print Name): _____ Signed Individually _____ Dated: _____

BANK REFERENCE & AUTHORIZATION

Please complete and sign the authorization below, and return this entire form to us with your credit application. By signing my name below, I authorize the bank named to release the requested information to Driver Distribution, Inc for the purpose of credit extension.

I/We authorize (Bank Name) _____ to furnish Driver Distribution, Inc with the information requested below, concerning all of my business accounts under the name(s) of Account/Business Name(s) _____ Contact Name at Bank _____

Bank Address _____ City _____ State _____ Zip _____ Tel # _____

Checking Acct # _____ Loan # _____

Date _____ Your Signature (as it appears on bank records) _____

PLEASE DO NOT WRITE BELOW THIS LINE RESERVED FOR OFFICE USE ONLY

Amount of Dealer's Initial order: \$ _____