



DEALER APPLICATION & SALES AGREEMENT

Account Number _____

Date _____

Mail To: DRAGON DISTRIBUTING
503 S McCleary Road
P. O. Box 186
Excelsior Springs, MO 64024

Attn: Credit Manager
Fax (816) 630-9440

Phone (800) 825-3746 (Watts)
Phone (816) 630-6011
Phone (816) 630-9440 (Fax for Orders)

The following statement in writing is made by the applicant for the purpose of obtaining merchandise from Dragon Distributing on credit, and Dragon Distributing should rely on all information as correct. Applicant authorizes Dragon Distributing to contact any references given and inquire of them about credit history. Upon the approval of this application, applicant agrees to abide by the terms and conditions of sale. Applicant further agrees to notify Dragon Distributing within five days of any changes of ownership, address, telephone, authorized purchase agent(s), banks, transfer of listed assets or other facts set forth below.

GENERAL INFORMATION

Legal name of firm _____ D/B/A _____

Bill to address _____

Ship to address _____

Phone _____ Cell _____

FAX _____ E-mail _____

Type of business _____ Number of locations _____

At present location since (Date) _____ Year business opened _____

Corporation____ Partnership____ Sole Prop.____ Warehouse____ Storefront____ Other _____

Pres. (Owner/Partner) _____ Partner/VP _____

BANK REFERENCES MUST BE COMPLETED, SIGNED AND BE A BUSINESS ACCOUNT IN THE BUSINESS NAME.

Bank _____ Account No. _____

Address _____ Phone _____

City _____ State _____ Zip _____ Bank contact _____

Account holder Social Security number _____ Date of birth _____

I (PRINT NAME) _____
authorize my bank to release any necessary information to Dragon Distributing for their confidential use in processing my application for check approval.

SIGNATURE _____ Title _____ Date _____

Please select option below that best meets your needs.

COD (Customer check acceptable on delivery)
List two references and full bank info. (See below)

OPEN ACCOUNT (Submit application for credit privileges)

CREDIT/DEBIT CARD

Visa M/C AMX Discover

Credit card number _____

Expiration date _____ V-Code* _____
*3or 4 digit number on back of card

Name on card _____

Statement address _____

City _____ State _____ Zip _____

Phone number _____

Signature of card holder _____

X _____