

# MAXX PRODUCTS INTERNATIONAL, LLC.



815 OAKWOOD RD, UNIT D, LAKE ZURICH, IL 60047, USA Fax:(847)438-2898 PH: (847)438-2233

## Dear Hobby Dealer:

In order to open an account with MPI, **please complete this Dealer Application and return it with a copy of your State Resale Tax Certificate.** If you would like to place an order with this application, it will be sent out Pre-paid or COD. When your credit is approved, all orders will be sent out under our standard terms.

### DEALER APPLICATION

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

Address \_\_\_\_\_ Fax \_\_\_\_\_

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

Website \_\_\_\_\_ Email Address \_\_\_\_\_

State Retail Tax No. \_\_\_\_\_ State \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

Years in business at this location \_\_\_\_\_ Annual Retail Volume \_\_\_\_\_

Form of Business \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

Type of Business \_\_\_\_\_ Distributor/Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Manufacturer

Nature of Business \_\_\_\_\_

Purchasing Manager \_\_\_\_\_

#### Owner/Officer

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Please use a separate piece of paper if necessary to list all Owners.

Preferred account status: \_\_\_\_\_ Pre-paid \_\_\_\_\_ COD \_\_\_\_\_ Open Account (Net 10 days)

#### Bank Information

Bank name \_\_\_\_\_ Business Phone \_\_\_\_\_

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

Acct. No. (Business Only) Checking \_\_\_\_\_ Savings \_\_\_\_\_

#### Professional Associations & Membership Affiliations

\_\_\_ ASTRA                      \_\_\_ HIA                      \_\_\_ HMA                      \_\_\_ GAMA

\_\_\_ IMMA                      \_\_\_ MIAA                      \_\_\_ NRSHA                      \_\_\_ TIA

\_\_\_ Other, please specify \_\_\_\_\_

**Trade References**

**Company name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ Account No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Account Status \_\_\_\_\_  
Type of Product \_\_\_\_\_

**Company name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ Account No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Account Status \_\_\_\_\_  
Type of Product \_\_\_\_\_

**Company name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ Account No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Account Status \_\_\_\_\_  
Type of Product \_\_\_\_\_

I hereby acknowledge that the above information is true and correct. I understand and acknowledge that placing an order with MPI constitutes doing business in Illinois and is therefore subject to the laws of the State of Illinois.

I agree to pay the Net Invoice Total in full within term of invoice date. I acknowledge that a Finance Charge of 1.5% monthly (18% Annual Percentage Rate) will be added to my balance should I become delinquent. In the event that this account becomes delinquent and is turned over to a collection agency or attorney, I agree to pay collection fees and/or attorney fees and court costs and any other reasonable expenses incurred by MPI as a consequence of my failure to pay.

I authorize MPI to make whatever credit inquires that it deems necessary relative to this credit application. I authorize and instruct any person or credit reporting agency to compile and furnish MPI any information that it may have or obtain in response to such credit inquires and agree that such information, along with this application, shall remain the property of MPI whether or not credit is extended.

**Signature** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: Application cannot be processed without signature.**

**Corporations and LLC Only:**

A Corporation/LLC application must be signed by the owners as personal guarantors of all purchases made by the corporation in order to receive a positive review.

I hereby personally guarantee any indebtedness to Maxx Products incurred by:

\_\_\_\_\_  
Corporation/LLC Name

\_\_\_\_\_  
Individual Guarantor/Owner

\_\_\_\_\_  
Individual Guarantor/Owner

(Corporate Seal)

If this is a new business, please give us a brief description of your business plan, product lines you plan to carry, applications to other distributors in progress. For on-line based business, we need your web address.

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**For Office Use Only**

**Date Received** \_\_\_\_\_

**Process Date** \_\_\_\_\_

**Result** \_\_\_\_\_

**Terms** \_\_\_\_\_

**Other Notes:**