

DEALER APPLICATION FORM

— THE **OUTDOOR PLUS** —

235 E. Main St. Ontario, CA 91761
 Phone: (909) 460-5579
 Fax: (909) 460-5530
 Sales@theoutdoorplus.com

COMPANY BILLING INFORMATION

| | | | | | |
|--|-------|-----|--------------------------|-------|-----------------------|
| Company's Legal Name | | | City | State | Zip |
| Street Address (Billing) | | | Accounts Payable Contact | | Telephone |
| City | State | Zip | Accounts Email Address | | Fax |
| Street Address (Shipping) | | | Buyers Contact | | Telephone |
| City | State | Zip | Buyer's Email Address | | Fax |
| Type of business (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC | | | Company Website Address | | |
| Type of business (check one or more) <input type="checkbox"/> Distributor <input type="checkbox"/> Retail Store <input type="checkbox"/> Drop-Shipment | | | State Tax License # | | Date Business Started |
| Type of account requested (Check one or more) <u>Limit Requested</u> <input type="checkbox"/> COD Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Net Acct. | | | Federal Tax ID # | | |

NAME AND ADDRESS OF OWNERS & OFFICERS

| | | | | | |
|--------------------------------|---------------|-----------------------------|--------------------------|---------------|-----------------------------|
| Company Legal Owner's Name (1) | | Title (If Corp.) | Owner's Name (2) | | Title (If Corp.) |
| Street Address (Billing) | | | Street Address (Billing) | | |
| City | State | Zip | City | State | Zip |
| Years w/ Company | Date of Birth | Social Sec # (N/A if Corp.) | Years w/ Company | Date of Birth | Social Sec # (N/A if Corp.) |
| Email Address | | Telephone # | Email Address | | Telephone # |

VENDOR TRADE REFERENCES (Fill out if applying for credit/term)

| | | | | |
|--|--|--------------|-------------|-----|
| Vendor Name | | Contact | Telephone # | |
| Type of Account (check one) <input type="checkbox"/> COD Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Net Acct | | Credit Limit | Account # | Fax |
| Vendor Name | | Contact | Telephone # | |
| Type of Account (check one) <input type="checkbox"/> COD Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Net Acct | | Credit Limit | Account # | Fax |
| Vendor Name | | Contact | Telephone # | |
| Type of Account (check one) <input type="checkbox"/> COD Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Net Acct | | Credit Limit | Account # | Fax |

AGREEMENT

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby warrant the truth and accuracy of this information. By signing this application, you agree that all sales from the outdoor Plus, Co. to you shall be subject solely to TOP "terms and conditions of Sale", which you have read and understand. Any terms and conditions on your purchase order forms that may vary from TOP's "Terms and Conditions of Sale" shall not be applicable. Acceptance and approval of the application is at the sole discretion of The Outdoor Plus Co. You hereby authorize TOP to contact the references listed on this application regarding your accounts status to obtain information about you (including and guarantors), and to exchange information about your credit relationships.

***RETURNS ARE SUBJECT TO A 20% RESTOCKING FEE AND MUST BE SENT WITHIN 15 DAYS OF INVOICE DATE**

****NO RETURNS ON CUSTOM PROJECTS, ALL SALES ARE FINAL**

| | | |
|----------------------|---------------|------|
| Authorized Signature | Print & Title | Date |
|----------------------|---------------|------|

ATTENTION: CALIFORNIA LAW REQUIRES YOU MUST INCLUDE A COPY OF YOUR BUSINESS LICENSE OR SALES TAX CERTIFICATE WITH YOUR APPLICATION