

DEALER & CREDIT APPLICATION FORM



2101 South Highway 61
P.O. Box 451
Lake City, MN 55041

(800) 445-6413
(651) 345-5355
FAX: (651) 345-7608

dealersales@wildwings.com
www.wildwingsdealers.com

Please fill out the requested information completely to ensure prompt processing of this application. Please print out form, sign and fax to 651-345-7608. Thank you!

RETURN WITH PHOTOGRAPHS

**2 - inside of location
1 - front view with signage**

DATE: _____ PHONE #: _____ FAX #: _____ WEBSITE: _____

BUSINESS NAME: _____ E-MAIL: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YEARS IN BUSINESS: _____ STATE SALES TAX NO.: _____ FEDERAL ID#: _____

DESCRIPTION OF BUSINESS (merchandise sold, location, hours, square footage) _____

ONLINE PRESENCE (list all websites where products are offered): _____

NUMBER OF OUTLETS OR OTHER LOCATIONS: _____ ANNUAL SALES: _____

WILD WINGS PRODUCTS OF INTEREST: _____

HOW DID YOU HEAR ABOUT WILD WINGS: _____

FULL NAME OF OWNER(s), or AUTHORIZED OFFICER OF COMPANY: (Please list home address and phone number for individual or partnership.)

PURCHASING AGENT: _____

ACCOUNTS PAYABLE CONTACT: _____

TRADE REFERENCES: (Name suppliers of major products and services.)

NAME	ADDRESS / PHONE / FAX
1.) _____	_____
2.) _____	_____
3.) _____	_____

BANK REFERENCE: Checking Loan Savings

_____ (Name)	_____ (Address)	_____ (Acct. #)	_____ (Contact)
_____ (Name)	_____ (Address)	_____ (Acct. #)	_____ (Contact)

SIGNATURE: _____ DATE: _____

Authorization to Use Credit Card as Guarantee of Net 30 Payment

Dealer Name _____

I, _____ (print cardholder's name) authorize Wild Wings, LLC to hold the following credit card information as a guarantee of payment, within net 30 days, of all invoices. If a check is not received as payment within thirty days of invoice, Wild Wings LLC can use this credit card to obtain payment in full for invoices now due.

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

CREDIT CARD BILLING ADDRESS _____

Again, the above credit card information is only to be used if a check is not received within thirty days of invoice date.

CARDHOLDER'S SIGNATURE _____

Wild Wings Procedure:

The credit card will be pre-authorized, to hold the funds on the credit card, when the order is released to the warehouse. If a check is not received in thirty days from invoice date, we will call the cardholder. If a check has been sent, Wild Wings may wait two business days from the date the call is made, before billing the above credit card.

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

(Name) (Title) (Name) (Title)

(Name) (Title) (Name) (Title)

PERSONAL GUARANTEE

In consideration of credit being extended by Wild Wings to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Wild Wings the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of the guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by _____, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

Name (print) Signature

Date