



R/C Nitro Heads & Hop-Up Accessories

413 E. Archer Way
Valparaiso, IN 46383 U.S.A. www.kingheadz.com
219-465-7373 ph info@kingheadz.com
219-465-7371 fax

U.S.A.
DEALER APPLICATION FORM

Date: ___/___/___

COMPANY INFORMATION

Legal Company Name: _____ Store phone number (_____) _____

DBA: _____

Address: _____ Store fax number (_____) _____

City: _____ State: _____ Zip: _____

Company Email: _____

Company Website: _____

Business Type: ___ Sole Proprietorship ___ Partnership ___ Corporation ___ LLC ___ Other ___
(Check one please)

Resale Number (city or state) _____ State: _____

Please include a copy of your tax certificate with application.

Federal Tax ID Number: _____

Date established: ___/___/___ Years at location: _____

Authorized purchasing agent(s): First name: _____ Last name: _____

First name: _____ Last name: _____

Owners/Officers: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Owners/Officers: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred account status (check one please): ___ Credit Card ___ COD ___ Net15 ___ Net30

Please include a copy of your tax certificate with application.



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Date: ___/___/___

BANK INFORMATION

Legal Company Name: _____

DBA: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Account Number: _____

I hereby authorize my bank(s) _____ to release credit related information on
Account # _____ to King Headz, Inc.

Signature: _____ Title: _____ Date: ___/___/___

TRADE REFERENCES

(1) Distributor/Supplier: _____ Payment terms: _____

Name of person: _____ Years of association: _____

Address: _____

Telephone number: _____ Fax Number: _____

(2) Distributor/Supplier: _____ Payment terms: _____

Name of person: _____ Years of association: _____

Address: _____

Telephone number: _____ Fax Number: _____

(3) Distributor/Supplier: _____ Payment terms: _____

Name of person: _____ Years of association: _____

Address: _____

Telephone number: _____ Fax Number: _____



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THE UNDERSIGNED AGREES:

- 1. The undersigned hereby certifies that the above information is true and correct.
2. That any and all discrepancies or deficiencies must be made within 15 days of receipt to King Headz, Inc., failure to do so, shall be deemed a waiver of any and all claims that may arise.
3. All checks returned to King Headz, Inc. for any reason will be subject to a \$30.00 returned check fee. Any company that has a check returned to King Headz, Inc. for insufficient funds more than twice will be permanently removed from King Headz, Inc. distributor list.
4. To pay the entire invoice price according to the terms and failure to pay shall entitle King Headz, Inc. to add a 2% service charge per month (24% per annum) on the unpaid balance. Under no circumstances shall interest exceed lawful rate. King Headz, Inc.'s acceptance of partial or delinquent payments or failure of King Headz, Inc. to exercise any right or remedy shall not be a waiver of any obligation of applicant or right of king Headz, Inc., nor constitute a modification of this agreement, nor constitute a waiver of any other similar default subsequently occurring.
5. That any dispute arising from transactions arising with King Headz, Inc., shall be governed according to the laws that prevail in the State of Indiana. The undersigned further agrees to be bound by such

- laws and the only venue for resolving such, shall be in the county of Porter, State of Indiana.
6. Notice that a UCC filing may be made by King Headz, Inc. at its sole discretion, based on circumstances of the individual sale contemplated by the parties.
7. You agree to pay us all reasonable costs we incur to collect any delinquent balance due or realize on any security interest taken by us. This includes reasonable attorney's fees. This provision shall also apply if you file a petition or any other claim for relief under any bankruptcy rule or law of the United States, or if such petition or claim for relief is filed against you by another in bankruptcy court.
8. The undersigned individuals do jointly and severally guarantee payment to King Headz, Inc. of the full amount due of all sums owed by _____ (name of applicant business) to King Headz, Inc. This guarantee of payment is absolute, unconditional and irrevocable and is made for and in consideration of the agreement of King Headz, Inc. to extend credit to _____ (name of applicant business). The undersigned agrees to pay, in addition to said balance, all costs of collection including reasonable attorney's fees and court costs.

Signed: _____ Date ___/___/___

Please Print:

Name _____ Title _____

Legal Company Name _____

DBA (if applicable) _____

King Headz, Inc. Office Use

Approved By: _____ Signature _____

Position: _____ QB Entered By: _____

Date: ___/___/___