



R/C Nitro Heads & Hop-Up Accessories

413 E. Archer Way
Valparaiso, IN 46383 U.S.A.
219-465-7373 ph
219-465-7371 fax

www.kingheadz.com

info@kingheadz.com

**INTERNATIONAL
DEALER APPLICATION FORM**

Date: ___/___/___

COMPANY INFORMATION

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

Address: _____ Store fax number (____) _____

City: _____ State: _____

Country: _____ Postal Code: _____

Company Email: _____

Company Website: _____

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): ___ Pay Pal ___ Bank Transfer ___ Western Union



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THE UNDERSIGNED AGREES:

1. The undersigned hereby certifies that the above information is true and correct.
2. That King Headz, Inc. will be notified of any and all discrepancies within 15 days of receipt, failure to do so, shall be deemed a waiver of any and all claims that may arise.
3. 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.
4. 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.

5. The undersigned individual guarantees 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: ____/____/____