



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](http://www.kingheadz.com)

[info@kingheadz.com](mailto: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) \_\_\_\_\_

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King Headz, Inc. Office Use

Approved By: \_\_\_\_\_ Signature \_\_\_\_\_

Position: \_\_\_\_\_ QB Entered By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_