



90 E. Lakeview Dr., Littlestown, PA 17340

Date _____

DEALERSHIP APPLICATION

Legal Business Name & Address

Shipping Address

Tel # _____

Fax # _____

Attach resale certificate

Year business started _____

Federal tax ID # _____

A/P contact for payment: _____ **email:** _____

Bank References

Name of Bank: _____ Address: _____

Account #: _____ Contact: _____

Phone #: _____ Fax #: _____

Major Trade References WITH mailing addresses, phone & fax numbers

1. _____
2. _____
3. _____
4. _____

I [We] agree to pay any collection costs incurred to collect the account balance including reasonable collection fees.

Applicant hereby authorizes each of its references to furnish Bar-Ray Products, Inc. any credit information at my request and certifies that all information contained herein to be true and correct.

Authorized signature _____ Print Name _____

Title _____ Date _____

PERSONAL GUARANTEE

In consideration of credit being extended by Bar-Ray Products 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 Bar-Ray Products, Inc., the faithful payment, when due, of all accounts of said applicant for purchases made within five (5) years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this 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 Bar-Ray Products, Inc. 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.

Guarantor

Date

Guarantor

Date

Guarantor

Date

When complete, please fax back to 717-359-9109.