

**J&D WALTER DISTRIBUTORS, INC.**  
P.O. Box 1040 ■ Glenmont, NY 12077-0340 USA  
Phone: 518.449.1606 **Toll Free: 800.833.3503**



Since 1972

**Fax: 518-449-1694**

## ACCOUNT APPLICATION

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

### GENERAL INFORMATION:

Shop Name: \_\_\_\_\_ Under present ownership since: \_\_\_\_\_

Corporate Name(s) and/or DBAs: \_\_\_\_\_

Affiliated Store(s)/Store Group: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ State Tax Resale #: \_\_\_\_\_

Type of Business (check all that apply):

Franchise shop \_\_\_\_\_ New Bikes \_\_\_\_\_ Used Bikes \_\_\_\_\_ ATV \_\_\_\_\_ Parts & Accessories \_\_\_\_\_

Repair \_\_\_\_\_ Other \_\_\_\_\_ If other, describe: \_\_\_\_\_

List Franchises: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ext: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Purchasing Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ext: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Website URL(s): \_\_\_\_\_

Hours of Operations: \_\_\_\_\_

### REFERENCES:

Please indicate your three main accessories suppliers to whom you pay with a company check.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### BUSINESS OWNERSHIP: For corporation list all officers, otherwise list all owners:

1. Name: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Required for all business forms except corporations. List additional persons on company letterhead.

### AUTHORIZED SIGNATURE: (This form should be signed by owner or corporate officer of business.)

I understand that you sell only to motorcycle franchise, accessory and repair shops and that you reserve the right to qualify any account seeking to purchase from J&D Walter Distributors, Inc.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Company: \_\_\_\_\_

**TYPE OF ACCOUNT REQUESTED:**

COD: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Open Account: \_\_\_\_\_

If open account, type of credit requested: Daily operating account: \_\_\_\_\_ Dating account: \_\_\_\_\_ Both: \_\_\_\_\_

**LEVEL OF CREDIT REQUESTED:**

\$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$7,500 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$10,000+ \_\_\_\_\_

**CREDIT REFERENCES:**

Please indicate your three main accessories suppliers with whom you have a credit account.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANKING REFERENCE(S):**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Note: Other reference(s) may be submitted. Please include the same information as listed above.

J&D Walter Distributors, Inc. offers terms of Net 30 from invoice date for credit qualified accounts, unless otherwise agreed to in writing. All account balances not paid within these terms will be assessed a finance charge of 1.5% on the unpaid balance.

As security for the payment of all amounts due to J&D, the Credit Applicant grants that J&D maintains ownership of all goods shipped by J&D to the Applicant until such time as the goods are paid for in full.

The applicant acknowledges that the information contained in this application is for the purpose of obtaining merchandise on credit from J&D. The Credit Applicant certifies that the information provided is true and correct to the best of its knowledge. J&D is authorized to investigate any statements made in this application and to rely on the information obtained in accepting or rejecting this application for credit. J&D is further authorized to obtain a credit report on the Credit Applicant(s) as well as on any guarantor of the Credit Applicant's obligation to J&D.

In consideration of any extension of credit made by J&D to the Credit Applicant, the undersigned guarantees to J&D the punctual payment in full of all invoices, including any finance charges accrued, until the invoices are paid in full. If an account has to be referred to an agency or attorney for collection, the Credit Applicant shall be responsible for paying collection fees, court costs and attorney's fees incurred by J&D in addition to the unpaid balance and finance charges.

This guarantee shall operate as a continuing guarantee and shall expire only upon receipt of written notice when received by J&D by registered mail or other method requiring written receipt.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Note: In the case of corporations and partnerships with more than one officer/shareholder, submit other name(s) on company letterhead. Please include the same information as requested above.

**REMITTANCE:**

Please remit this form to:

J&D Walter Distributors, Incorporated, P.O. Box 340, Glenmont, NY, 120770340 or fax to 518-449-1694 along with a sheet of company letterhead and business card, a photo of the inside and outside of shop and a copy of your tax exempt form.