

Centurion Hobby Distributors Inc.

Application for Account

Store Name: _____ Date of Application: ____/____/____

Address: _____ Ship to: _____

Phone #: (____) _____ Home Phone #: (____) _____

FAX #:(____) _____ E-mail: _____

Name of Principal(s): _____ Social Security #: _____
(needed for sole proprietorships)

Years in Business: _____ Type of ownership: Sole Proprietorship Partnership Corporation
(circle one)

Type of Business: Retailer Chain Retailer Distributor
(circle one)

People Authorized to Order: _____

BANK INFO

Name and Address of Bank: _____ Phone Number:(____) _____

_____ Checking Account : _____

_____ Savings Account : _____

TRADE REFERENCES (list other wholesalers first, attach sheet if needed)

Name: _____ Terms? _____ How long have you had an account?: _____

Address: _____

Phone #: (____) _____ Account #: _____ Outstanding Balance: \$ _____

Name: _____ Terms? _____ How long have you had an account?: _____

Address: _____

Phone #: (____) _____ Account #: _____ Outstanding Balance: \$ _____

Name: _____ Terms? _____ How long have you had an account?: _____

Address: _____

Phone #: (____) _____ Account #: _____ Outstanding Balance: \$ _____

I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE

(Signature)

(Date)

(Company)

PERSONAL GUARANTEE OF PAYMENT

I personally guarantee payment on the above account and agree to the terms of sale. In the event of suit to collect payment for the above, purchaser agrees to pay court costs, attorney fees and other collection costs incurred by the seller.

(Signature)

(Date)

(Company)

Page 2 (must accompany page 1, and both pages must be signed and dated)

Centurion Hobby Distributors Inc.

CREDIT APPLICATION

Store Name: _____ (to be known as retailer)

Address: _____

Amount of Credit Request \$ _____

Purchase Security Agreement

Your signature to this document confirms your agreement that Centurion Hobby Distributors Inc. retains an interest in all merchandise supplied to you by us to the extent of the unpaid balance. Buyer agrees to pay all taxes on merchandise while in his possession. In the event of a bankruptcy, you agree to immediately return all unsold merchandise to the extent of your unpaid balance. Title to said merchandise shall pass on to you only upon full payment of your account.

Returned Checks

Retailer agrees to pay a \$25.00 service charge on all returned checks. Retailer agrees to have his account change to COD cash or certified check until returned checks are resolved. Any discounts received on invoices paid with a bounced check will be charged back. COD Accounts who have bounced checks will be placed on COD Money Order. These accounts will only be placed back on COD Company Check after proof of overdraft protection is provided for your business checking account. Credit terms may be returned to their original status at the discretion of the Credit Department.

Personal Guaranty of Payment of the Debts of Another

(principles for corporations & LLC's must sign this section)

Principles

(Signature of Owner or Principal) (Title) (Witness) (Date)

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