



603 'L' St., Lincoln, NE 68508  
Phone: 800-247-7668; Fax: 800-638-0698

### APPLICATION FOR DEALER STATUS AND CREDIT TERMS

Trade name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_ Year established: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Accounts Payable (A/P) Contact: \_\_\_\_\_

A/P Contact Email: \_\_\_\_\_

Sales/Marketing Contact: \_\_\_\_\_

Sales/Marketing Email: \_\_\_\_\_

All other names associated with this business: (DBA's, ADA, FAKA, or other trade names, registered or unregistered) \_\_\_\_\_

Name of any parent company or holding company associated with this business (if any): \_\_\_\_\_

#### **Business Type**

- \_\_\_\_ Corporation, organized in the State of \_\_\_\_\_. List name, home address, email and telephone of top 3 officers/shareholders.  
\_\_\_\_ Partnership. List name, home mailing address, email and telephone of managing or majority partners.  
\_\_\_\_ Sole Proprietorship. List name, home mailing address, email and telephone of owner.  
\_\_\_\_ LLC. List name, home mailing address, email and telephone of managing or majority members.

Name	Home Mailing Address	Title	Email Address	Telephone

#### **Primary Bank Reference**

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

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Account #'s \_\_\_\_\_

#### **Installation Capabilities for Ceiling Mounted Gym Equipment**

- We currently have our own employed installation crew(s):  Yes  No Number of Crews: \_\_\_\_\_  
We outsource all of our gym equipment installation to installation companies that we now have available.  Yes  No  
We need installation assistance from Manufacturer.  Yes  No

**Do You Perform Independent Installation Services For Others?**  Yes  No

**Sales Activity Information**

Are you currently an IPI dealer in good standing?  Yes  No

Are you currently a Bison Inc. dealer in good standing?  Yes  No Sales Team Employees: \_\_\_\_\_

Current Annual Sales (all products) \$ \_\_\_\_\_

Geographic Territory Covered by Sales Team (list): \_\_\_\_\_

**Markets Actively Called On by Sales Team**

\_\_\_ Park and Rec Departments

\_\_\_ Architects

\_\_\_ School Districts

\_\_\_ Universities and Colleges

\_\_\_ Contractors

\_\_\_ Military

\_\_\_ Federal Agencies

\_\_\_ State Agencies

\_\_\_ YMCA and Health Clubs

\_\_\_ Other (specify): \_\_\_\_\_

**List all current lines of gymnasium and outdoor sports equipment that you currently represent:**

\_\_\_\_\_

**Other than IPI, what other gymnasium basketball, volleyball or wall padding manufacturers have you represented in the past? (List all)**

\_\_\_\_\_

**Desired Credit Limit with IPI by bison LLC:** \$ \_\_\_\_\_

**Expected Average Annual Sales of IPI by bison LLC products:** \$ \_\_\_\_\_

**Credit References:**

Please list at least four (4) trade references with at least two years of business activity with your company and whose sales to you are at least at the same level as your desired credit limit. Please provide all contact information.

Company Name	Address	Phone Number	Fax Number
1.			
2.			
3.			
4.			

**ADDITIONAL INFORMATION**

**Information release**

In making this application the applicant understands that an investigative report may be made wherein information may be obtained through personal interviews with third parties including references, business associates, family and friends. The applicant authorizes this investigation and hereby grants permission for banking and trade references to release information pertinent to the determination of the applicant's credit worthiness.

**Credit terms**

The terms of this account shall be that with approved credit all invoices are due and payable in full within 30 days from their date of shipment. On any invoice open after 30 days, the applicant agrees to pay interest at the rate of 1 1/2% applied monthly (18% APR) unless prohibited by local law wherein the maximum allowable rate will apply.

**Account guarantee**

The undersigned personally agrees to pay for all goods and services charges to this account in full upon written demand from the Creditor. The undersigned further agrees to bear the cost of all legal and related fees incurred by Creditor in the event this account becomes past due and must be submitted for collection.

I have received, read, understand and agree to the information provided on the IPI by Bison and Dealer Shared Responsibility Sheet.

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

Print name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_