



Company Name: _____
 Phone: _____ Fax: _____
 D.B.A.: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Business Type (please circle): Corporation Partnership Proprietorship
 Date Established: _____
 Fed. ID# or State ID#: _____
 Resale #: _____
 Principal Officer(s): _____
 Authorized Buyer(s): _____
 Website: _____ Email: _____

Current BMX Lines Carried: (circle all that apply)

Haro Hoffman Kink DK S&M/FIT Cult FBM Eastern Other _____

Credit Card Info: (Any order without credit card info will ship COD)

Credit Card #: _____
 Card Type: _____ Expiration Date: _____
 Name Appears on the Card.: _____
 Card Billing Address: _____
 City: _____ State: _____ Zip: _____

Terms & Conditions:

180 Distribution is available to everyone, however a ____ (for office use only) mile radius protects Volume dealers with an active account. Better dealers may receive larger territories based on approval. If there is an existing Volume dealer within 5 miles of you, you may be denied all Volume products, BUT will be allowed all other products available through 180 Dist. (Demolition, Resist). All first orders must be over \$100. After that, there is a \$50 minimum for all orders. All orders are sent COD or prepaid by either Visa or Mastercard. There is a \$25 fee for all returned checks.

No terms are given at this time.

180 Distribution items have minimum pricing, if you do not keep stock items above minimum pricing, your account will be terminated.

To keep Volume territory you must order 10 bikes and at least \$5000 in annual sales.

Personal Guarantee:

By signing below you are personally bound by Local, State, and Federal laws to pay any outstanding money due to Volume Bike Corp within the invoice terms. If not paid then all action will be taken against you personally but not limited to collection agency, police and warrants for your arrest. It is a federal offence to bounce a check. Any fees above the invoice price associated with any above actions on top of the \$25 returned check fee will be the responsibility of the person signing below.

Signature of Applicant: _____
 Print Name: _____ Title: _____
 S.S.#: _____ Date: _____

Office Use Only:

Approved By: _____ Date: _____

Please submit form to sales@180dist.com after completion.