



Authorized U.S. Dealer Application

Date: _____

STORE INFORMATION

Store Name: _____

Main Buyer: _____ Accounts Payable Contact: _____

Street: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Web Site: _____

Phone: _____ Fax: _____

STORE TYPE (Check One)

Dedicated Retail Shop Store Located in Home or Residentially Zoned Area

Spa Department or General Merchandise Store _____ % Devoted to Spas

Federal Tax ID: _____ State Retail License Number: _____

IMPORTANT: PAGE 2 AND 3 OF THIS APPLICATION CONTAINS PAYMENT AND OTHER PERTINENT INFORMATION. ALL PAGES NEED TO BE FILLED OUT ENTIRELY ALONG WITH SIGNATURE AND DATE ON PAGES 2 AND 3.

Business Hours:

Sunday: _____ to _____

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

President's Name (if Corp): _____

Owner's Name: _____

Owner's Street Address: _____

City: _____

State: _____

Zip: _____

Owner's Home Phone: _____

Number of Employees: _____

TRADE AND CREDIT REFERENCES

1. Provide us with two credit references, in with whom you deal with directly and with whom you have an open account.

Trade/Credit Reference 1

Business Name _____

City _____ State _____

Fax _____

Account Number _____

Trade/Credit Reference 2

Business Name _____

City _____ State _____

Fax _____

Account Number _____

Trade/Credit Reference 3

Business Name _____

City _____ State _____

Fax _____

Account Number _____

Byron Originals, Inc. • P.O. Box 279 • Ida Grove, IA 51445 • USA
Phone: (712) 364-3165 • Fax: (712) 364-2028 • www.ByronFuels.com

Inside and Outside Pictures are required with this Application.
See separate price list and dealer policy documents for full details on minimum purchase requirement pricing. 2/19/2018



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PAYMENT INFORMATION

1. PREFERRED METHOD OF PAYMENT BY CREDIT CARD:

Assuming all products are in stock, prepayment by credit card assures your order will be shipped without delays. We accept Mastercard or Visa.

2. Net 30 OPEN ACCOUNT BACKED BY CREDIT CARD:

If you have credit with other dealer-direct suppliers, you will be considered for Net 30 payment terms with a reasonable credit limit. Current policy requires you to have a current credit card on file and an authorization on file to charge your credit card for any invoices that have not been paid within 30 days from the invoice date.

PLEASE CHECK YOUR PREFERENCE BELOW, SIGN AND DATE

I prefer to pay at the time of each order by credit card.

Signature of Card Holder

Date

I prefer to be an open account and agree to have my credit card charged to pay for any invoices that may become past due.

Signature of Card Holder

Date

CREDIT CARD INFORMATION

Card Type: Mastercard Visa

Credit Card Number:

Expiration Date: / Security Code from Signature Side:

Name on Credit Card:

Mailing Address of Card Holder:

City:

State:

Zip:

Phone Number of Card Holder:

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PAYMENT OPTIONS

Until credit has been established, all orders must be processed in one of three ways:

- 1) Credit Card prior to shipment
- 2) Wire Transfer (Bank Fees Apply)
- 3) Check (Two-week clearing period prior to shipping goods)

To apply for an Open Account a current credit application must be completed.
Ask your Sales Associate for a Credit Application.

FREIGHT/SHIPPING

Standard freight fee is to ship goods to a retail location with a shipping dock. If no shipping dock is available, the driver's responsibility will be to bring the goods to the back edge of the truck and the undersigned must unload the goods. If the driver assists in the unloading of goods other than bringing them to the back edge of the truck, the freight/shipping company will charge additional fees in which the undersigned will be responsible for.

If lift gate, call ahead for appointment, inside delivery or residential delivery is required, the undersigned agrees to the additional shipping fees.

LATE PAYMENT

Byron's standard open account terms requires full payment within 30 days following the invoice date. Late payments will result in a Service Fee of 1.5% monthly (18% annually). In addition, the undersigned will agree to pay all late fees and or any fees related to collections or legal fees.

The applicant understands and agrees that all billing, accounts and credit functions, and all other business functions are maintained and carried on in Ida County, Iowa. In the event of a suit or any dispute about products or services supplied under this agreement, such shall take place in Ida County, Iowa.

I have read, understand and accept the above terms and have provided true information to the best of my knowledge.

Applicant Name: _____ Applicant Signature: _____

Applicant Title: _____ Date: _____

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