



Corporate Headquarters
4310 B Street NW, Auburn WA 98001
tel: (253) 859-1159 | fax: (253) 859-1179

Northern California Location
11270 Sanders Dr Ste F, Rancho Cordova CA 95742
tel: (916) 329-1912 | fax: (916) 329-1913

www.customplusedistributing.com | info@customplusedistributing.com
Business Hours: 8:00am-5:00pm PST, Monday-Friday

General Account Information

Company Name: _____ Date: _____

BILL TO ADDRESS

UBI# _____

Street: _____ EIN# _____

City, State: _____ Zip: _____ Business Tel: _____

SHIP TO ADDRESS (More than one ship to address? Please use another form.) Business Fax: _____

Street: _____ Residence: _____

City, State: _____ Zip: _____ Cell: _____

Shipping Method: [] UPS [] Will Call

Billing Add'l
Email: _____ Email: _____

Individuals above will receive regular correspondence from our office regarding basic account information, product developments and news, training announcements and overall marketing material. If there are others at your business you would like to receive this information, please list those names and emails on another sheet or email them directly to us.

Preferred Terms: [] Credit Card [] COD [] Credit Limit Requested: \$ _____

Please allow up to two weeks for credit reference check on COD, special terms and credit limit requests

Until reference check is completed, which method is preferred for payment? [] Credit Card [] CODC (certified/cashiers check only)

Do you want pricing information on your packing lists? [] Yes [] No

PRINCIPALS

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Authorized Purchasers: _____

[] Individual Ownership [] Partnership [] Corporation Date Started: _____

Type of Business: _____ [] Home AV [] Car 12-Volt [] Both

How did you hear about us? [] Email Flyer [] Catalog [] Fax Flyer [] Another Dealer [] You Came to Me

For Custom Plus Office Use

Acct # _____ Sales Rep Initials: _____ Online Access [] Yes [] No Online PW: _____



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Credit Card Authorization

Custom Plus Distributing requires a major credit card (Visa or MasterCard only) be kept on file for all purchases, regardless of payment terms. Please sign & return this completed form to Custom Plus Distributing before you request any credit card transactions take place. Additionally, we require authorization to utilize the credit card for all delinquent accounts that are thirty-one (31) days or more past due.

I, _____, of _____ authorize Custom Plus Distributing to charge my credit card (listed below) for orders placed either verbally or in writing. Custom Plus Distributing is authorized to charge the credit card for past due balances (31 days or more) as well as any balances remaining due to returned checks and their associated fees.

#1 Type of Card (circle one): Visa MasterCard Discover

Name as it appears on card: _____ Drivers License # _____

Billing Address for card: _____
Street Address and Suite/Apartment/Building # if applicable

_____ City _____ State _____ Zip Code _____

Card Number: _____ Exp Date: _____ CVV2 Code: _____
(usually on back of card)

Signature: _____ Date: _____

Optional #2 Type of Card (circle one): Visa MasterCard Discover

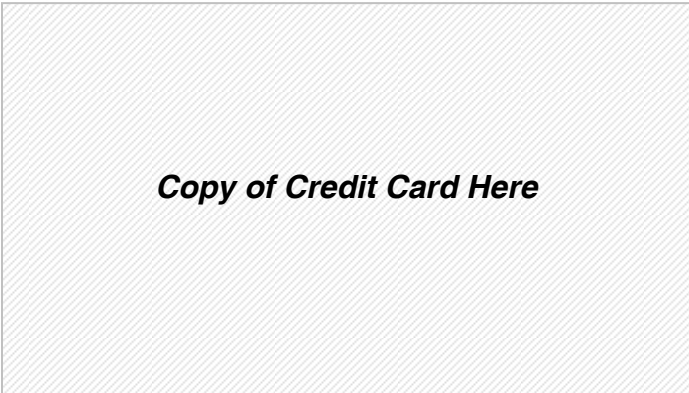
Name as it appears on card: _____ Drivers License # _____

Billing Address for card: _____
Street Address and Suite/Apartment/Building # if applicable

_____ City _____ State _____ Zip Code _____

Card Number: _____ Exp Date: _____ CVV2 Code: _____
(usually on back of card)

Signature: _____ Date: _____





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Trade References

Please name your largest suppliers in full. Include full address, city, state and zip.

#1 Name: Account#
Address: Phone:
City: State: Zip: Fax:
#2 Name: Account#
Address: Phone:
City: State: Zip: Fax:
#3 Name: Account#
Address: Phone:
City: State: Zip: Fax:
#4 Name: Account#
Address: Phone:
City: State: Zip: Fax:
#5 Name: Account#
Address: Phone:
City: State: Zip: Fax:

Bank Reference and Information

Many banks now require an original signature from customers to release bank information. To expedite the process of processing your credit application, please complete the information below. Your signature gives written approval for release of bank information to CUSTOM PLUS DISTRIBUTING. Return the form with your completed credit application.

Bank Name: Account#
Address: Phone:
City, State & Zip: Contact:

The undersigned hereby certifies the correctness of the above information, which is hereby given to CUSTOM PLUS DISTRIBUTING for its use in considering extending credit terms; agrees payment of any credit purchase by the undersigned, his agent, or employee shall be governed by Washington State Law; agrees to pay all attorney fees, collection agency cost up to 35% and all other cost incurred by CUSTOM PLUS DISTRIBUTING to collect payment; agrees venue of any suit to enforce payment may be laid in King County, Washington. The undersigned applicant also agrees to the above terms and conditions and assumes personal responsibility for payment of said account. It is understood credit would not be extended to said company without assumption of liability.

Signature:
Must be Principal/Owner

Printed Name: Date:



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TERMS & CONDITIONS MUST BE SUBMITTED TO COMPLETE DEALER APPLICATION PROCESS

SALES TERMS:

Wholesale Sales Only.

- All customers must provide resale certificate and Tax ID. Washington State dealers must submit a copy of reseller permit.
- All merchandise sold with the intention of resale by the purchaser.
- No Minimum Order.

All orders received by 1:00pm PST can be shipped same day based on product availability. Add-on orders will be considered new orders and processed accordingly. CPD is not responsible for typographical errors or erroneous data in publications. Backorders are shipped automatically. Please call in advance if you wish to cancel. Prices are subject to change without notice. Prices in effect at time of shipment will be applied. Some product lines are available in certain territories only, as stipulated by the manufacturer.

PAYMENT TERMS:

- C.O.D. Certified Funds (Cashier's Check or Money Order) for new customers. COMPANY CHECKS NOT ACCEPTED WITHOUT CREDIT APPROVAL.
- C.O.D. Company Check available with approved credit. Allow two weeks for processing of all credit applications.
- Net terms available with approved credit. Allow two weeks for processing of all credit applications.
 - All Net terms are calculated from invoice date.
 - A 1.5% monthly finance charge will be added to all past due invoices, with a minimum total charge of \$15 per month.
 - No shipments will be made on any past due accounts.
 - Any account that becomes delinquent is automatically changed to C.O.D. terms.
 - All delinquent accounts will be sent for collection, and the customer will pay all collection charges.
- For your protection, Visa, MasterCard & Discover accepted only with signed Credit Card Authorization on file.
- \$50 returned check charge will be assessed for any check returned for any reason.

FREIGHT TERMS:

Standard Ground freight will be pre-paid on all wholesale electronics orders greater than \$2000.00 shipped to a single destination in the continental United States. A 3% freight allowance will be applied to all orders that meet qualifying order amounts shipped to one location in Alaska and Hawaii. However, maximum amount of furniture, subwoofer enclosures, home theater kits, 25-inch or larger televisions and spools of wire may not exceed 50% of total order in either circumstance. If any order originally qualified for prepaid freight, one backorder from that order will be prepaid freight. All other subsequent backorders are subject to normal freight charges. All orders are shipped FOB Auburn, WA. Damages are the responsibility of the carrier once the shipment is released from CPD. The customer must make damage claims to the carrier as soon as detected. Save all boxes and packing material. All shipping/pricing discrepancies must be reported within 5 days of receipt of order. If purchaser refuses order for any reason, CPD shall be compensated for all shipping charges and a 15% restock fee. All freight charges are subject to dimensional/oversize carrier weight regulations. Addresses determined by carrier as residential are subject to residential delivery rates.

RETURNS:

All returns require a signed Return Authorization Form signed by an authorized CPD representative. RA forms can be downloaded at www.customplusedistributing.com, or call to have one faxed. RA's received without this authorization will not be accepted. RA's are effective for 60 days only. All returns must be returned to CPD freight PREPAID. Replacements will be sent with no freight expense to the customer. All non-defective returns will be assessed a 15% restock fee within 90 days of purchase and will only be accepted in resalable condition with all original packaging. Freight charges will not be refunded. All items returned with missing parts will be charged a 15% re-manufacturing fee. Defective product can be returned to CPD within 30 days of sale. After 30 days, defective product must be returned to the manufacturer, under the specific warranty allowances. Upon receipt, we will credit your account for merchandise costs and you are responsible for handling the transaction with your customer. Special orders or closeouts are not eligible for return. Returns will not be accepted after 90 days after sale, regardless of reason. RA number must be printed clearly on outside carton and all products must be securely protected in double packaging. Items showing obvious signs of misuse, consumer abuse or commercial use are not eligible for return. Allow two weeks for return processing. No Cash Refunds will be allowed. Credit only will be issued for the amount paid on the original invoice.

I UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS STATED ABOVE

Principal Signature: _____

Title: _____

Printed Name: _____

Date: _____

Company: _____