



NEW DEALER SIGN-UP

Phone Toll Free 1-800-841-3989 • Fax Toll Free: 1-800-424-3945
Address: P.O. Box 747 • Glennville, GA 30427



PLEASE NOTE: ALL FIELDS MARKED WITH * ARE REQUIRED

Today's Date: _____

Submitted By: _____ *

Business Name: _____ *

Owner's Name: _____ *

Date Business Established: _____ * Telephone: _____ *

Fax: _____ * E-mail: _____ *

Mailing Address

Shipping Address

Street: _____ * Street: _____ *

City: _____ * City: _____ *

County: _____ * County: _____ *

State: _____ * Zip: _____ * State: _____ * Zip: _____ *

PLEASE SUPPLY ALL APPLICABLE (MUST INCLUDE AT LEAST ONE)

* **Sales Tax #:** _____ **(Please attach Certificate with this form)**

D & B #: _____ Federal ID #: _____

* **Type of Business:** Servicing Dealer Hardware Manufacturing
 Lawn & Garden Other _____

Major Lines Carried: 1.) _____ 2.) _____
3.) _____ 4.) _____

Do You Accept Backorders: Yes No

* **Ship Purchases On:** Open Account Credit Card (Please Call)

If Open Account is approved, would you like to receive your Invoices/Statements via email?

e-Invoice email: _____ e-Statement email: _____

(OPEN ACCOUNT REQUIRES FINANCIAL/CREDIT APPLICATION SEE PAGE 2)

Remarks: _____

* **Owner/s Name:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____

* **Second Owner (if applicable):** _____
StreetAddress: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____

* **Please list 3 Credit References and 1 Bank Reference. (All four are required)**

Credit Reference (1)

Name: _____
Contact: _____
Street: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Fax: _____
Acct #: _____

Credit Reference (2)

Name: _____
Contact: _____
Street: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Fax: _____
Acct #: _____

Credit Reference (3)

Name: _____
Contact: _____
Street: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Fax: _____
Acct #: _____

Bank Reference (1)

Name: _____
Contact: _____
Street: _____
City: _____
State: _____ Zip: _____
Telephone: _____
Fax: _____
Acct #: _____

*** Legal Agreement**

- * Rotary's standard terms are Net 30 days.
- * If the account becomes past due, applicant agrees to pay interest at the rate of 1-1/2% per month, calculated on the amount past due.
- * If the account is placed for collection, the applicant agrees to pay any collection cost incurred to collect the amount outstanding, including reasonable attorney's fees.
- * Applicant also acknowledges if these fees are not paid; future orders may be refused.
- * Applicant acknowledges that any balance due to Rotary Corporation, for merchandise received from Rotary, is the applicant's responsibility, even if the business is sold, unless there is a written agreement between applicant and Rotary stating otherwise.
- * The undersigned as an inducement to grant credit warrants that the information submitted is true and correct.
- * **By the signature of the applicant (officer, principal, owner or partner), you hereby authorize Rotary Corporation to run a full investigation of your credit history including, but not limited to, obtaining a customer credit report.**

*Print: _____ *Sign: _____

*Print: _____ *Sign: _____

(Owner's Signatures Are Required)