

<b>NEW DEALER CREDIT APPLICATION</b>				<b>7110 Jackson St. Paramount, Ca 90723 Tel: 562-630-6282 Fax: 562-630-4311</b>	
<b>APPLICANT INFORMATION</b>					
Month:	Day:	Year:	Referred By:		
Contact Name:				SSN:	
Business Name:				Tax I.D. #:	
Email:		Website:		# of Years in Business:	
Phone:		Fax:		Cell:	
Billing Address:					
Shipping Address:					
<b>BUSINESS CREDIT REFERENCES</b>					
Company:				Phone: (     )     )	
Address:				Fax: (     )     )	
Type of Business:				# of Yrs w/ Company:	
Company:				Phone: (     )     )	
Address:				Fax: (     )     )	
Type of Business:				# of Yrs w/ Company:	
Company:				Phone: (     )     )	
Address:				Fax: (     )     )	
Type of Business:				# of Yrs w/ Company:	
<p>The Business Customer named above understands that all credit decisions are made at the discretion of Crack of Dawn Paddlesports. Terms, if offered, are subject to change with or without notice based upon the Business Customer's payment history.</p> <p>Business Customer will be responsible for prompt payment of all invoices and any interest charges. Invoice terms are calculated from the ship date. Partial or late payment may void any discounts. We may charge 1.5% per month, 18% annually, on past due accounts. Any past due account may be placed on "Credit Hold" and may be placed on C.O.D. or Pre-Pay terms without notice. Further, the Business Customer is responsible for any and all collection charges and recovery fees.</p> <p>Business Customer is responsible for inspecting all shipments before signing shipping receipt. Risk of loss shall pass to the Business Customer at F.O.B. Paramount, CA, USA at time of shipment. Failure to inspect all merchandise before accepting delivery renders all claims against Crack of Dawn Paddlesports and the shipper null and void. All claims for shipping damages, shortage or incorrect product must be made to Crack of Dawn Paddlesports with freight carrier's company insurance information at time of delivery or within 5 days to be considered valid.</p> <p>Business Customer must have a valid Return Authorization # issued by Crack of Dawn Paddlesports. No merchandise will be accepted for return without prior authorization and all returns must be pre-paid. Collect shipments will be refused. A 15% restocking fee may be charged on returned merchandise.</p> <p>I understand and agree to abide by the terms stated above. Further, I certify that all information provided on this document is true and correct. I authorize the release of this information for a credit investigation including but not limited to current trade experience, presence or absence of collection data, derogatory public records filings, and related commercial or consumer credit history or reports. I agree to release Crack of Dawn Paddlesports from any and all liability or damage that may result its use of such information.</p> <p>I certify that I am authorized to accept and execute this document on behalf of the Business Customer named above.</p>					
Signature:				Date:	
Requested Credit Limit: \$					
PLEASE FAX BACK TO: 562-630-4311					
APPROVED BY:	CREDIT LIMIT:	TERMS: Credit Card   Pre-Pay   30   45   60		ASSIGNED REP:	



7110 Jackson St. Paramount, Ca 90723  
 T: 562-630-6346 F: 562-630-4311

## CREDIT CARD PAYMENT APPLICATION FORM

I am authorizing Crack of Dawn Paddlesports to charge the following credit card for payment of my future purchases:

APPLICANT INFORMATION				
Month:	Day:	Year:		
Business Name:				
Cardholder's Name (print clearly):				
Email address for receipt confirmation:				
Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
Card Number:				
Expiration Date:		Security Code:		
Billing Address:				
City:	State:	Zip:		
Cardholder's Signature:				

COPY OF PHOTO I.D.	COPY OF CREDIT CARD

Submit Fax to: 562-630-4311