



P.O. Box 1535 • 132 Beech Street  
 Shafter, CA 93263  
 800-213-6124 x218 • Fax: 661-746-0334  
 Email: rosa@insectlore.com

**Dealer & Distributor  
 Credit Application**  
 Fax: 661-746-0334 • 24 Hours-A-Day

CONTACT & TITLE: \_\_\_\_\_

OWNER/PARTNER/OFFICER, IF DIFFERENT FROM ABOVE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STATE TAX RESALE NUMBER: \_\_\_\_\_

**TYPE OF BUSINESS - check all that apply:**  Toy Store  Stationery/Gift Store  Pet Store  Museum Store  
 Zoo/Park Store  Distributor  Educational Store  Lawn & Garden Center  Mail Order  Internet  Other

TRADE REFERENCES: List three active suppliers with whom you have open accounts.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

CONDITIONS OF SALE: Opening and all additional orders: \$60.00 minimum. Prepaid opening orders are requested.

CLAIMS AND RETURNS: Claims for shortage or damage must be made within 10 days of receipt of merchandise. Returns are subject to a 20% restocking fee. Unauthorized returns will be refused.

CREDIT AGREEMENT: Terms - Applicant hereby agrees to pay to Seller the total due as shown on each invoice within thirty days from the invoice date. Any amount not so paid shall accrue interest at a monthly rate of 1.5% (18% per annum) until paid. Any payments and/or credits shall be applied first to interest then due, and shall then reduce any past due balance. Seller reserves the right to discontinue sales and/or service to Applicant if Applicant has a past due account.

APPLICANT'S WARRANTY: Applicant warrants and represents that all information provided by Applicant on Applicant's credit application is true and correct.

ATTORNEY'S FEES: In the event of any controversy, claim, or dispute between the parties hereto, arising out of or relating to this agreement or to any default by Applicant, the prevailing party shall be entitled to recover from the losing party or parties the prevailing party's reasonable expenses, including attorney's fees and costs.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_