



603 'L' St., Lincoln, NE 68508
 Phone: (888) 438-5311; Fax: (888) 438-5312

APPLICATION FOR RESELLER CREDIT ACCOUNT

Please allow 3-4 weeks for approval depending on responsiveness of references.
 Questions about this form, please call Carrie Hoyt, accounting clerk.

Trade name of business: _____

Type of business: _____ Year established: _____

Phone: (____) _____ Fax: (____) _____

Street Address: _____ City: _____ State _____ Zip _____

Accounts Payable (A/P) Contact: _____

A/P Contact Email: _____

Sales/Marketing Contact: _____

Sales/Marketing Email: _____

All other names associated with this business: (DBA's, ADA, FAKA, or other trade names, registered or unregistered) _____

Name of any parent company or holding company associated with this business: _____

Business Type

_____ Corporation, organized in the State of _____. List name, home address and telephone of top 3 officers/shareholders.

_____ Partnership. List name, home address and telephone of managing or majority partners.

_____ Sole Proprietorship. List name, home address and telephone of owner.

_____ LLC. List name, home address and telephone of managing or majority members.

Name	Home Address	Title	Email Address

Primary Bank Reference

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Email Address: _____

Account #'s _____

Sales Activity Information

Are you currently a Bison Inc. Dealer in good standing? Yes No Sales Team Total FTEs: _____

Current Annual Sales (all products) \$ _____

Geographic Territory Covered by Sales Team (list): _____

Markets Actively Called On by Sales Team

___ Park and Rec Departments ___ Architects ___ School Districts

___ Universities and Colleges ___ Contractors ___ Military

___ Federal Agencies ___ State Agencies

___ Other (specify): _____

List all current lines of benches, trash receptacles, bike racks and outdoor sports equipment that you currently market:**Desired Credit Limit with BRP by bison LLC:** \$ _____**Expected Average Annual Sales of BRP by bison LLC products:** \$ _____**Credit References:**

Please list at least four (4) trade references with at least two years of business activity with your company and whose sales to you are at least at the same level as your desired credit limit. Please provide all contact information.

Company Name	Address	Phone Number	Fax Number
1.			
2.			
3.			
4.			

ADDITIONAL INFORMATION**Information release**

In making this application the applicant understands that an investigative report may be made wherein information may be obtained through personal interviews with third parties including references, business associates, family and friends. The applicant authorizes this investigation and hereby grants permission for banking and trade references to release information pertinent to the determination of the applicant's credit worthiness.

Credit terms

The terms of this account shall be that all invoices are due and payable in full within 30 days from their date of shipment. On any invoice open after 30 days, the applicant agrees to pay interest at the rate of 1 1/2% applied monthly (18% APR) unless prohibited by local law wherein the maximum allowable rate will apply.

Account guarantee

The undersigned personally agrees to pay for all goods and services charges to this account in full upon written demand from the Creditor. The undersigned further agrees to bear the cost of all legal and related fees incurred by Creditor in the event this account becomes past due and must be submitted for collection.

Signed: _____ Date: _____

Print name: _____ Social Security Number: _____