



Dealer Application

Version Date: January 1st 2024

Application time dependant upon response of your

For Office Use Only:

Date Received:	PO Num:	CSR:
Order Amount:	Rep:	

Account Information

Applicant Last Name*:	First*:	Middle Initial:	Federal TaxID#*: (Also Attach copy)
Legal Business Name*:	Trade Name/DBA:		State Resale License Number*:
Billing Address*:	City*:	State*:	Zip*:
Shipping Address: (if different)	City	State:	Zip:
Phone*:	Fax:	Local Representative:	
Business Since*:	# Employees:	Annual Sales:	Legal Form of Business*: Duns #:
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			
Purchasing Contact*:	Email:		Phone:
Payables Contact*:	Email:		Phone:
Sales Manager Contact:	Email:		Phone:
Website:	Do you want online access?		
Brand(s) you are interested in reselling*:	Vertical Market(s): (AV, Sound Cont., MI, IT, etc)		

Company Ownership/Officers:

Name*:	Social Security Number*:	Title:	Share of ownership:
Direct Phone:	Mobile Phone:	Email:	
Name:	Social Security Number:	Title:	Share of ownership:
Direct Phone:	Mobile Phone:	Email:	

Trade References*:

Please fill out trade references completely; missing information will delay the processing of your application. **Fax# speeds up response.** You may attach a page for additional references.

Name:	State:	Phone:	Fax:	Account #:
Name:	State:	Phone:	Fax:	Account #:
Name:	State:	Phone:	Fax:	Account #:
Name:	State:	Phone:	Fax:	Account #:

Requested Terms*:

Terms Type: (Check One)	Amount of Credit Requested:	Company Total Assets:	Company Total Liability:
<input type="checkbox"/> Visa/MC <input type="checkbox"/> COD <input type="checkbox"/> NET 30			
Have you or your officers or affiliates ever filed a petition for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your company subject to any litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe:			

The information provided is supplied with the intention of becoming an authorized reseller, and I do hereby certify that this information is true, correct, current and complete. I authorize ThunderForce, Inc. to make such credit investigation as ThunderForce, Inc. sees fit, including contacting the above trade references and obtaining credit reports. I hereby am authorizing the above references to release any and all information concerning the financial and credit history of my company and myself:

I hereby agree to the terms and conditions listed on the attached page or reverse side of this document.

Authorized Signature: _____ Title: _____ Date: _____
Must be signed by an officer or principal

ThunderForce Terms and Conditions

Effective 01/01/2024

ALL SALES

All accounts are COD Certified/CIA/MasterCard/Visa until credit is approved. If credit is approved, terms will be COD (Company Check) or NET 30 as determined by credit department.

PAYMENT TERMS

30-DAY TERMS ARE ALLOWED ON CREDIT APPROVED ACCOUNTS. PAYMENTS PAID WITHIN THE TERMS ARE DEFINED AS THOSE PAYMENTS RECEIVED AND POSTED TO YOUR ACCOUNT NO LATER THAN 30 DAYS FROM THE INVOICE DATE.

SHIPPING

FOB ThunderForce Inc from multiple locations

MINIMUM ORDER

There is no minimum order but for certain services may require a minimum prepayment per contract agreement.

PAST DUE ACCOUNTS

All invoices are due according to the terms stated on the invoice. A finance charge of 1.5% per month will be assessed on the unpaid balance of all invoices past due. In the event a finance charge is not assessed on a monthly basis that shall not be deemed a waiver of our right to assess such charges at a later date. Accounts extending 45 days beyond the invoice date may be placed on COD Certified, CIA or Credit Card status. Accounts extending 65 days may be referred to an agency for collection.

RETURNED CHECKS

A \$30 charge is applied to all checks returned for insufficient funds and discount privileges are forfeited on applicable invoices.

LITIGATION

Applicant agrees that in the event of a dispute, any court or administrative proceeding will be initiated and take place in the State of Florida and each party hereby consents to personal jurisdiction in the State of Florida.

DEFAULT

In the event collection is required for past due invoices and accounts, you agree to pay reasonable costs and attorney fees incurred.

SHORTAGES OR DAMAGED SHIPMENTS

All shortages or damaged shipments must be noted on carrier's bill of lading or similar document. A claim against the carrier must be filed per ICC regulations and we must be notified in writing within 10 days of the invoice date.

RETURN POLICY

All returns require prior authorization. Please call us for a Return Authorization number. Any item returned without authorization will be refused. Defective items must be returned within 30 days of invoice date. Other returns must be new, factory-sealed and unopened and returned within 10 days of your receipt. A 15% restocking charge may be assessed on all returned goods. Special orders may not be returned. Shipping charges cannot be refunded.

PRICING POLICY

Prices are subject to change without notice.

DEALER AGREEMENTS

Select brands require a signed dealer agreement before any product can be shipped

MAP POLICY

Minimum Advertised Price ("MAP") unilaterally sets the MAP on all products (where it is listed) by all means of solicitation, including electronic or print means, including facsimile, Internet Web Site, On-Line Service, Newspaper, Magazine, Newsletter, Direct Mailing, or similar means. Dealers who advertise products below MAP pricing will be terminated immediately.

Initials _____ I hereby affirm the information given on the attached page or reverse side of this document.