

# DEALER APPLICATION

WEBSITE APP.

**11.11 Distribution**  
345 W Olive Ave  
El Centro, CA 92243  
Phone: 925-548-1293  
sales@1111dist.com  
info@1111dist.com

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation Website \_\_\_\_\_  
If Corporation, is it a Sub \_\_\_\_\_ Yes \_\_\_\_\_ No Corporate Name: \_\_\_\_\_

<b>Owners, Partners, or Corporate Principals:</b>		
Name: _____	Title: _____	Social Security: _____
Home Address: _____	City/Zip: _____	Phone: ( ) _____
Name: _____	Title: _____	Social Security: _____
Home Address: _____	City/Zip: _____	Phone: ( ) _____

Person in Accounting: \_\_\_\_\_ Buyer: \_\_\_\_\_  
Purchase Order Required: \_\_\_\_\_ If so, Written \_\_\_\_\_ Verbal \_\_\_\_\_  
STATE Sales Tax ID: \_\_\_\_\_ # of Employees: \_\_\_\_\_ # of Years in Business: \_\_\_\_\_  
# Years at Current Location: \_\_\_\_\_ Own: \_\_\_\_\_ Rent Business Space: \_\_\_\_\_ # Square Feet: \_\_\_\_\_  
Lease/Mortgage Co: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Have there been any ownership changes in the past 3 years: \_\_\_\_\_ No \_\_\_\_\_ Yes If so, When: \_\_\_\_\_  
Please Explain: \_\_\_\_\_

<b>Please list four current supplier accounts, which have you on an open account status:</b>		
Name: _____	Phone: ( ) _____	Fax: ( ) _____
Name: _____	Phone: ( ) _____	Fax: ( ) _____
Name: _____	Phone: ( ) _____	Fax: ( ) _____
Name: _____	Phone: ( ) _____	Fax: ( ) _____

I (We) authorize you to investigate the above information in order to open an account/ and or to accept my (our) check. I (We) hereby apply for COD Check and promise to indemnify the seller in the event that I (We) or our corporation (if any) fails to pay debt incurred by myself (ourselves) or authorized agents, either personally or on behalf of the above applicant. I (We) understand your payment terms are COD. I (We) agree to pay reasonable attorney's fees in the event legal action may become necessary to collect any money owed to the seller.

**Returned Goods:**  
We allow a return on your initial order within the first 60 days and on all orders, 2 days after receipt, should you be dissatisfied for any reason. All returned goods require advance authorization. Clutch Distribution assumes no responsibility for goods returned without authorization.

**Freight:**  
We ship by U.P.S or best available carrier. Should you have damaged merchandise, it must be reported immediately to the CARRIER. All damaged merchandise claims are handled by the carrier.

**Shortages:**  
Any shortage you are claiming must be reported

**Warranties:**  
All used equipment warranties are handled by the manufacturer. Any new product defects are warranted according to the manufacturer's policy or for a period of 30 days from the date of purchase.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_