



Ozark River Portable Sink Distributor Application

FAX COMPLETED FORM to (573) 729-3846
Your Resellers Certificate Must be Sent with Application
 TERMS 2% 10 Net 30 / 1.5% on all outstanding balances
 or Mail to: P.O. Box 280, Salem, MO 65560, Phone: (573) 453-5102

BUSINESS

| | | | | | |
|--------------------|--------------------------------|--------------------------------------------------|------------------|----------|------------|
| Business Name | | | Telephone Number | | |
| Address/Street | | (City) | (State) | (County) | (Zip Code) |
| Type of Business | | # Years in Business | Fax Number | | |
| Annual Gross Sales | Do you warehouse or drop ship? | If you warehouse, what address do you ship from? | | | |

OWNERSHIP

| | | | | | | |
|----------------------|--|--------|-------------|----------------|--------------|--|
| 1st Principle's Name | | Title | % Ownership | Home Phone No. | Soc Sec. No. | |
| Home Address/Street | | (City) | (State) | (County) | (Zip Code) | |
| 2nd Principle's Name | | Title | % Ownership | Home Phone No. | Soc Sec. No. | |
| Home Address/Street | | (City) | (State) | (County) | (Zip Code) | |

BANKING

| | | | | | |
|--------------------------------|--|--------------------|--------------|-----------------|--|
| Bank | | Contact Person | | Telephone | |
| Business Account Under Name of | | Checking Account # | Opening Date | Current Balance | |
| Bank | | Contact Person | | Telephone | |
| Account Under Name of | | Checking Account # | Opening Date | Current Balance | |
| Loan/Lease | | Contact Person | | Telephone | |
| Business Account Under Name of | | Checking Account # | Opening Date | Current Balance | |

TRADE REFERENCES

| | | | |
|--------------|----------|----------------|-----------|
| Company Name | Account# | Contact Person | Telephone |
| Company Name | Account# | Contact Person | Telephone |
| Company Name | Account# | Contact Person | Telephone |

We are estimating that our annual sink sales will be \$: _____ with a credit limit of \$: _____
 Email Address for Accounts Payable: _____

I hereby represent that I am authorized to submit this application on behalf of the company named on page one, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Integrity Distribution LLC to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 1.5% per month) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within the established terms. I agree that any and all invoices are due in 30 days, and that the 2% Net ten days is for qualified applicants only.

I have READ and AGREE to the TERMS and CONDITIONS provided with this application, and understand my rights and responsibilities as a dealer of Ozark River Portable Sinks. This box MUST be checked.

| | |
|-----------|------|
| X | |
| Signature | Date |
| Signature | Date |