



No Juan Home

DEALER APPLICATION

A subsidiary of inKnoware, inK., Inc.

COMPANY INFORMATION:

Company Name: _____

D.B.A Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Fax Line: _____ Email: _____

Type of Business: Sole Proprietorship _____ Partnership _____ Corporation _____ L.L.C _____

If a CORPORATION, is it a SUB "S"? YES / NO Corporation Name: _____

Resale Tax ID # (required): _____ Years in Business: _____

OWNERS, PARTNERS, OR CORPORATE PRINCIPALS:

Name: _____ Title: _____ Social Security #: _____

Home Address: _____ City, State, Zip: _____

Home Phone Number: _____ Driver's License: _____

Name: _____ Title: _____ Social Security #: _____

Home Address: _____ City, State, Zip: _____

Home Phone Number: _____ Driver's License: _____

TYPE OF STORE: (Circle all that apply) Skate Surf Snow Sporting Goods Blades

What % of Sales are Skateboards _____, Wheels _____, Clothing _____, Shoes _____?

Do you currently sell online? YES _____ NO _____. What % of sales are Online _____?

If you do sell online, please provide your web address _____

If you do not sell online, do you have plans to in the future? YES _____ NO _____

Do you currently OWN _____ or RENT _____ the space that your business occupies?

Shop Location: Free Standing Building _____, Strip Mall _____, Shopping Mall _____, Other _____

ACCOUNTING/BUYER INFORMATION:

Person in Accounting: _____ Authorized Buye('s) _____

Number of Employees: _____ Number of Years at Current Location: _____

Has there been any ownership changes in the last 3 years? _____

Do you have any suits or liens against you? _____ Have you ever been Bankrupt? _____

IF YES to either of the above, please explain: _____

BANK REFERENCES:

Bank: _____ Officer: _____ Phone: _____ Account#: _____

Address: _____ City, State, Zip: _____

TRADE REFERENCES:

Name: _____ Your Account # _____

Phone: _____ Fax: _____

Name: _____ Your Account # _____

Phone: _____ Fax: _____

PAYMENT INFORMATION / POLICIES

Brand New and Un-Established Shops will start on Certified Funds, Money Orders, or Credit Cards. We accept all major credit cards.

Established Shops that provide references that reflect NO NSF's and NO REFUSALS will be considered for COD-COMPANY CHECK PRIVILEGES. Upon approval, there may be a set limit amount in which you can write the company check.

Terms Privileges will be granted to select accounts based on references that reflect an outstanding pay history, years in business, and a granted on a one on one basis.

Returned Checks will be charged a \$25 fee for all checks that are NSF. This fee will automatically be added to your COD total of your next order. The balance must be settled before any new order can be shipped. Payments for the next 6 MONTHS will only be accepted COD-CERTIFIED FUNDS or by prepayment with a credit card. At the end of 6 months your account will be re-evaluated for COD-COMPANY CHECK.

Returns and Defects: To return any item, simply contact us and we will issue an RA# for the returned items. This number must appear on the outside of the returned box.

Shortages and Errors: You must report any shortages, errors, or discrepancies within 48 hours of receiving your order.

Backorders: We do not backorder any items.

Prices are subject to change without notice.

Freight: Orders are shipped F.O.B. Hamilton ON. We ship by best available carrier. Should you receive damaged merchandise, it must be reported immediately to the CARRIER. All damaged merchandise claims are handled by the carrier.

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 or manufacturers terms from the date of purchase.

I (WE) AUTHORIZE YOU, JARGON DISTRIBUTION, TO INVESTIGATE THE ABOVE INFORMATION IN ORDER TO BE SET UP AS A DEALER FOR SKATEBOARD PRODUCTS AND/OR ACCEPT MY (OUR) COMPANY CHECK. I (WE) HEREBY APPL FOR C.O.D. 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. I (WE) HAVE ALSO READ AND UNDERSTAND THE TERMS AND CONDITIONS OF CONDUCTING BUSINESS WITH JARGON DISTRIBUTION.

SIGNATURE: _____

PRINT NAME: _____

TITLE : _____

DATE: _____

MAIL OR FAX TO:

**No Juan Home!
886 Salem Road Dracut • MA 01826-1659 USA
Voice: 1-978-688-1388 • FAX 1-978-688-2774**

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