

# RXR PROTECT

PO Box 279 ▪ Glenmont, NY 12077-0340 USA  
Phone: 877-RXR-4600 (877-797-4600)



Date: \_\_\_\_\_

**FAX: 518-449-1694**

## ACCOUNT APPLICATION

### GENERAL INFORMATION:

Shop Name: \_\_\_\_\_ Under present ownership since: \_\_\_\_\_

Corporate Name(s) and/or DBAs: \_\_\_\_\_

Affiliated Store(s)/Store Group: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ State Tax Resale #: \_\_\_\_\_

Type of Business (check all that apply):

Motorcycle \_\_\_\_\_ Street \_\_\_\_\_ Off Road \_\_\_\_\_ ATV \_\_\_\_\_ Bicycling \_\_\_\_\_ Skiing \_\_\_\_\_

Other \_\_\_\_\_ If other, describe: \_\_\_\_\_

List Franchises: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ext: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Purchasing Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ext: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Website URL(s): \_\_\_\_\_

Hours of Operations: \_\_\_\_\_

### REFERENCES:

Please indicate your three main accessories suppliers to whom you pay with a company check.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**BUSINESS OWNERSHIP:** For corporation list all officers, otherwise list all owners:

1. Name: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Required for all business forms except corporations. List additional persons on company letterhead.

**AUTHORIZED SIGNATURE:** (This form should be signed by owner or corporate officer of business.)

I understand that you reserve the right to qualify any account seeking to purchase from RXR Protect.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Company: \_\_\_\_\_

**TYPE OF ACCOUNT REQUESTED:**

COD: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Open Account: \_\_\_\_\_

If open account, type of credit requested: Daily operating account: \_\_\_\_\_ Dating account: \_\_\_\_\_ Both: \_\_\_\_\_

**LEVEL OF CREDIT REQUESTED:**

\$2500 \_\_\_\_\_ \$5000 \_\_\_\_\_ \$7500 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$10,000+ \_\_\_\_\_

**CREDIT REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Note: Other reference(s) may be submitted. Please include company name, phone and fax number.

**BANKING REFERENCES:**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

**NOTE:**

To establish a credit account this section must be filled in and signed by the owner(s) or corporate shareholder(s) of the business.

RXR Protect offers terms of Net 30 from invoice date for credit qualified accounts, unless otherwise agreed to in writing. All account balances not paid within these terms will be assessed a finance charge of 1.5% on the unpaid balance. If an account has to be referred to an agency or an attorney for collection, the Credit Applicant shall be responsible for paying collection fees, court costs, and attorney's fees incurred by RXR Protect in addition to the unpaid balance and finance charges.

As security for the payment of all amounts due to RXR Protect under the terms of this credit application, the Credit Applicant grants RXR Protect a security interest in all goods shipped by RXR Protect to the Credit Applicant, as well as in all inventory, proceeds, accounts, receivables and after-acquired property. RXR Protect is authorized to execute and file the necessary financing statements on Credit Applicant's behalf.

The applicant acknowledges that the information contained in this application is for the purpose of obtaining merchandise on credit from RXR Protect. The Credit Applicant certifies that the information provided is true and correct to the best of its knowledge. RXR Protect is authorized to investigate any statements made in this application and to rely on the information obtained in accepting or rejecting this application for credit. RXR Protect is further authorized to obtain a credit report on the Credit Applicant(s) as well as on any guarantor of the Credit Applicant's obligation to RXR Protect.

In consideration of the extension of credit made by RXR Protect to, and as an inducement for RXR Protect to make future extensions of credit to the Credit Applicant, the undersigned guarantees to RXR Protect the punctual payment in full of all invoices when due, including finance charges accrued, until the invoices are paid in full. RXR Protect may enforce this obligation upon demand to the Guarantor, without first resorting to suit against the Credit Applicant. The undersigned Guarantor shall also be responsible for payment of any and all costs, expenses, and reasonable attorney's fees paid or incurred by RXR Protect in collecting these invoices.

This guarantee shall operate as a continuing guarantee and shall expire only upon receipt of written notice when received by RXR Protect by registered mail or other method requiring written receipt.

Date: \_\_\_\_\_ HomeAddress: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**NOTE:** In the case of corporations or partnerships with more than one shareholder, other name(s) should be submitted on a separate piece of letterhead. Please include the same information as listed above.

**REMITTANCE:**

Please remit this form to:

RXR Protect, P.O. Box 279, Glenmont, NY, 12077-0279 or fax to 518-449-1694 along with a copy of your tax exempt form.