



**CREDIT & DEALERSHIP APPLICATION**

2840 E. Harcourt Street, Rancho Dominguez, CA 90221  
 Tel (800) 347-7854, Fax. (800) 720-4547  
 Tel. (310) 632-7173, Fax. (310) 632-3773

ACCOUNT #
SALES REPRESENTATIVE

FOR OFFICE USE ONLY

The undersigned (applicant) hereby requests that KHS, Inc. open an account in the Applicant Name, for the purchase and sale of KHS, Free Agent and/or Manhattan products. It is understood that an account will be opened only upon the written approval and acceptance of the Application.

Amount of credit requested  C.O.D.  Credit Card  \$1,000  \$2,500  \$5,000  Other \$ \_\_\_\_\_

**BILL TO:**

COMPANY NAME	TELEPHONE
STREET ADDRESS	FAX NUMBER
TOWN/CITY STATE ZIP	E-MAIL ADDRESS

**SHIP TO: (IF DIFFERENT FROM ABOVE)**

COMPANY NAME	TELEPHONE
STREET ADDRESS	FAX NUMBER
TOWN/CITY STATE ZIP	FAX NUMBER

OWNER/OFFICER #1	TITLE	PHONE NUMBER	SOCIAL SECURITY #
HOME ADDRESS	CITY/TOWN	STATE	ZIP CODE
OWNER/OFFICER #2	TITLE	PHONE NUMBER	SOCIAL SECURITY #
HOME ADDRESS	CITY/TOWN	STATE	ZIP CODE

**BUSINESS INFORMATION**

(CHECK ONE) PARTNERSHIP  PROPRIETORSHIP  INDIVIDUAL  CORPORATION  LLC

1. Resale Number \_\_\_\_\_ 2. Federal I.D. Number \_\_\_\_\_

3. Years under present ownership \_\_\_\_\_, or a new shop/store \_\_\_\_\_. 4. Number of full-time employees \_\_\_\_\_

5. Bicycle brands currently carried \_\_\_\_\_

6. How many bicycles inventoried \_\_\_\_\_

7. How many units sold last year \_\_\_\_\_

8. Gross annual sales last year \$ \_\_\_\_\_

**BANK INFORMATION**

BANK NAME	TELEPHONE	ACCOUNT NUMBER
STREET ADDRESS	CITY/TOWN	STATE ZIP CODE
BANK OFFICER	DO YOU FINANCE ON A SECURED BASIS?	

**TRADE REFERENCES**

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY/TOWN STATE ZIP CODE	CITY/TOWN STATE ZIP CODE	CITY/TOWN STATE ZIP CODE
TELEPHONE # FAX #	TELEPHONE # FAX #	TELEPHONE # FAX #
ACCOUNT#	ACCOUNT#	ACCOUNT #

PLEASE ENCLOSE YOUR MOST RECENT FINANCIAL STATEMENTS (BALANCE SHEET AND PROFIT & LOSS STATEMENT) AS WELL AS YOUR RESALE EXEMPTION CERTIFICATE.



**BICYCLE PROGRAM COMMITMENT**

KHS

Free Agent

Manhattan

Tandem

I wish to participate in the KHS, Free Agent and/or Manhattan bicycle program. I have carefully read and understand the foregoing dealer benefits and requirements (Please see the **KHS Bicycle Program**). I also understand that if an order is cancelled and/or refused and I do not achieve minimum units, I can and will be recharged the appropriate non-program pricing. This form must accompany initial order for program pricing. I am willing to participate in one of the following programs:

Standard

Max Profit

Partner

**DEALERSHIP REQUIREMENTS**

1. All KHS, Free Agent and Manhattan bicycles shall be assembled by qualified mechanics prior to final sale. Bicycles are not to be sold in the carton nor unassembled.
2. Safety features and functions of the KHS bicycle must be explained and demonstrated to the customer. These features include quick release on wheels, brakes, seatpost, and the safety devices on the front wheel, etc.
3. Retailers may NOT sell KHS, Free Agent and/or Manhattan bicycles via the Internet and/or Mail order unless authorized to do so in writing by **KHS, Inc.**

\_\_\_\_\_  
Dealer Name (PRINT)

\_\_\_\_\_  
Dealer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dealer Name (PRINT)

\_\_\_\_\_  
Dealer Signature

\_\_\_\_\_  
Date