



Van Leeuwen Enterprises, Inc.

Fax (818) 890-2903

Dealer No. _____ Territory: _____ Approved _____ Date _____ Limit _____

Denied: _____ Reason: _____

Bank Reference Date Opened _____ Ave Bal: _____ Months _____ Satisfactory? _____

DO NOT WRITE ABOVE THIS LINE-FOR OFFICE USE ONLY

DEALER APPLICATION

NOTE: ALL APPLICABLE SPACES MUST BE COMPLETED BEFORE PROCESSING MAY BEGIN.

Name of Company _____ Check one: Prop. Corp. Part.

Address _____ City _____ State _____ Zip _____

Type of Business _____ Annual Sales \$ _____

Phone Number: () _____ Do you have a D&B rating? _____

Fax Number: () _____

PRINCIPALS IN BUSINESS

Name _____ Title _____

Home Address _____ Home Phone () _____

City, State, Zip _____

Name _____ Title _____

Home Address _____ Home Phone () _____

City, State, Zip _____

Name _____ Title _____

Home Address _____ Home Phone () _____

City, State, Zip _____

Purchasing Manager _____ Bookkeeper _____

Resale Tax # _____ Year Business Established _____

Name of Bank _____ Contact Name _____

Account # _____ Bank Phone () _____

Address _____ City _____ State _____ Zip _____

TRADE REFERENCES (Please list C.O.D. or open accounts)

Name of Company _____ Address _____ Phone _____

Name of Company _____ Address _____ Phone _____

Name of Company _____ Address _____ Phone _____

Name of Company _____ Address _____ Phone _____

Name of Company _____ Address _____ Phone _____

Upon Approval of this application, terms will be C.O.D. Company check accepted. Failure to comply with these terms will result in account being placed on a CASH ONLY basis. Bill becomes due immediately if the purchaser suspends payment, removes, sells out, becomes insolvent or bankrupt. Customer agrees to pay any service charge or restocking fee as VLE normally charges. Upon default of any of the terms of this agreement customer agrees to pay reasonable attorney fees, collections costs, court costs.

STATEMENT OF PROPRIETOR OR RESPONSIBLE OFFICER: I acknowledge and represent that all information contained herein is true, accurate and current, and that the information contained herein will be used in making a credit determination. I have read the conditions and terms as set forth above. I agree to comply with these terms and assume responsibility for the account being maintained in a satisfactory manner. By signing below I authorize the above trade and bank references to release information pertaining to my account.

Signature/Title _____ Date _____

13275 Paxton Street, Arleta CA 91331-2383