



Account Application - OEM

Note: This application cannot be processed without a signature - See page 2

Business Information

Business Name _____
 Corporation Name _____
 Address _____
 City _____ State _____ Zip _____
 Business Phone Numbers () _____ () _____ Fax# () _____
 Retail Tax Number _____ Purchasing Manager _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

Send Bank Authorization Page

Bank Name _____ Branch _____
 Address _____ Phone () _____
 City _____ State _____ Zip _____
 Account Numbers (Business Only) Checking _____ Savings _____
 Business Loan Account Numbers _____ Contact at Bank _____

Owners Information

Your business is Solely Owned A Partnership
 A Corporation Please list names of all Owners (Principals)
 LLC
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Social Security No. _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Social Security No. _____

Business References

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number () _____
 Account Number _____
 Buying: COD/Cash COD/Check CIA Open
 Credit Limit _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number () _____
 Account Number _____
 Buying: COD/Cash COD/Check CIA Open
 Credit Limit _____

Account Status

(You would like your account to be:)
 COD/Cash Only COD/Check Acceptable Cash In Advance
 Open Account with requested available credit \$ _____
 Credit Card (Visa or MasterCard)

Business Demographics

Years In Business _____
 Facilities _____
 Number of employees:
 Full-time _____
 Part-time _____
 Annual Volume _____
 Manufacturer of _____
 Distributor of _____
 Business Hours
 Monday _____ to _____ Thursday _____ to _____
 Tuesday _____ to _____ Friday _____ to _____
 Wednesday _____ to _____ Saturday _____ to _____
 Sunday _____ to _____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number () _____
 Account Number _____
 Buying: COD/Cash COD/Check CIA Open
 Credit Limit _____

**Please return to your OEM Rep.
 at Great Planes**
 Phone: 1-800-637-7660 Ext. 1241
 Fax: 1-217-398-1104



I hereby acknowledge that the above information is correct.

I understand and acknowledge that placing an order with Great Planes Model Distributors Co. constitutes doing business in Illinois and is therefore subject to the laws of the State of Illinois. I understand that Great Planes reserves the right to cancel or refuse orders at its sole discretion.

Should credit availability be granted by Great Planes Model Distributors, all decisions with respect to the extension or continuation shall be at the sole discretion of Great Planes Model Distributors. I understand that I may terminate any credit availability at my discretion at any time.

I agree to pay the Net Total of my invoices in full within 30 days of invoice date. I acknowledge that if payment is not made within 30 days, a FINANCE CHARGE will be added to my account. All payments I make will be first used to pay any unpaid FINANCE CHARGE and then to pay the earliest charges on the account. Any FINANCE CHARGE added will be determined by applying a 1.5% periodic rate (18.0% ANNUAL PERCENTAGE RATE) to the average daily balance. I further understand that I may prepay the account at any time without penalty. I understand and acknowledge that it is my responsibility to give written notification to Great Planes Model Distributors prior to any change in ownership or an intended date to cease operation. I also understand that any account established based on the information furnished here is for my exclusive use and is not transferable.

In the event this account becomes delinquent and is turned over to any collection agency or attorney for collection, I agree to pay collection fees and/or attorney fees not exceeding 30% plus court costs, serving costs and/or any other miscellaneous expenses incurred as a result of my failure to pay.

I authorize Great Planes Model Distributors Co. to make whatever credit inquiries that it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance to this application. I authorize and instruct any person or credit reporting agency to compile and furnish to Great Planes Model Distributors Co. any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain the property of Great Planes Model Distributors Co. whether or not credit is extended.

Signature _____ **Date** _____

Position _____

Signature _____ **Date** _____

Position _____

Corporations and LLC's Only:

I hereby personally guarantee any indebtedness to Great Planes incurred by

(Corporate Seal)

Corporation Name/LLC Name

Individual Guarantor/Owner

Individual Guarantor/Owner

A Corporate application must be signed by the owners as personal guarantors of all purchases made by the corporation in order to receive a positive review.

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Great Planes Model Distributors Company

P.O. Box 9021

Champaign, IL 61826-9021

1-800-637-7660

FAX 1-217-398-1104

