



## Dealer Application

Dear Prospective Dealer,

Thank you for your inquiry. Great Planes Model Distributors is a full-line, full-service wholesale distributor. Our customers are full-time hobby dealers located throughout the United States, Canada, and the world.

Through Great Planes, you have access to the best products available. Some of the industry's most popular manufacturers are among our profit-building exclusive lines: O.S., Great Planes Manufacturing, Hobbico, Futaba, Coverite, SuperTigre, Top Flite, DuraTrax, and HeliMax. Every purchase you make is backed by our continuing support services and hard-working promotions.

All existing and prospective customers must meet certain qualifications in order to be on, or added to, Great Planes' accounts listings. For example, "garage type operations" located in a residence or residential area are not eligible. All Great Planes dealers share equal competitive advantages through the integrity of our distribution channels. In order to become a Great Planes dealer, please submit the following information:

1. **Dealer Application** - must be signed and filled in completely. Please include a minimum of 5 credit references, plus a bank reference and general business information. If you are opening a new business and no business credit history is available, please send a current personal financial statement.
2. **Requirements** - You must meet all of the following:
  - A. Your business located in a business area.
  - B. This business operates on a full-time basis (open a minimum of 5 days and 45 hours per week).
  - C. You have a business phone number that is listed with directory.
3. **Verification** - Please attach all of the following to your application:
  - A. Three current pictures representative of your store's hobby inventory.
  - B. One picture of your storefront and surrounding location. Any location other than a conventional business, strip center, or mall will require additional documentation (i.e. photos of area, certification of zoning/conforming use permits, special explanations, etc.)
  - C. One picture of your business sign.
  - D. A copy of your current yellow pages and/or white pages business listing.
  - E. A copy of your state retail tax certificate.
  - F. A copy of store lease (first and signature pages).

Your application will be reviewed by our staff and you will be notified about acceptance as quickly as possible. (Please allow 3-4 weeks processing time under normal circumstances.) If you would like to place an order at the time you apply, please enclose it with your application. Once requirements have been satisfactorily met, your orders will be sent out on COD/secured funds until your credit has been approved. For your store to remain on active account status, you must purchase a minimum of \$250.00 net per month. Once your account has dropped from active status you will need to reapply before any new orders can be shipped.

Please complete the following dealer application and return it to us with all requested information. The more information you furnish to us with your application, the easier and more effectively we can serve your credit needs.

Thank You For Your Consideration

Great Planes Model Distributors Company  
P.O. Box 9021  
Champaign, IL 61826-9021  
1-217-398-6300  
1-800-637-7660  
FAX 1-217-398-1104

**Note: This application cannot be processed without a signature - See page 4**

**Store Information**

Business Name \_\_\_\_\_  
 Corporation Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone Numbers ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Fax # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
 Retail Tax Number \_\_\_\_\_ Purchasing Manager \_\_\_\_\_  
 E-mail address & home page \_\_\_\_\_  
 Landlord/Mortgage Holder (circle one)  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owners Information**

Your business is \_\_\_\_\_ Solely Owned \_\_\_\_\_ A Partnership \_\_\_\_\_ A Corporation \_\_\_\_\_ A Limited Liability Co.  
 Please list names of all Owners (Principals)

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

**Business Demographics**

# of years you have owned the store: \_\_\_\_\_ Are you original owner? \_\_\_\_\_

If no, how many years under previous owners \_\_\_\_\_

Number of Stores \_\_\_\_\_

Number of employees:

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Annual Retail Sales Volume \_\_\_\_\_

Percent of business from: Walk-in customers \_\_\_\_\_ Over the Web \_\_\_\_\_

Who are your customers? Consumers \_\_\_\_\_ Dealers \_\_\_\_\_ Both \_\_\_\_\_

Do you have dedicated computer ordering capabilities at home? \_\_\_\_\_ at the store? \_\_\_\_\_

What kind of internet connection do you have? None \_\_\_\_\_ 56k \_\_\_\_\_ DSL/Cable \_\_\_\_\_ Other \_\_\_\_\_ Not sure \_\_\_\_\_

Do you have a point of sale system? No \_\_\_\_\_ Yes \_\_\_\_\_ Brand: \_\_\_\_\_

Store Hours			
Monday:	_____ to _____	Thursday:	_____ to _____
Tuesday:	_____ to _____	Friday:	_____ to _____
Wednesday:	_____ to _____	Saturday:	_____ to _____
		Sunday:	_____ to _____

**Store Location**

Strip Center  
 Mall  
 Free Standing  
 Home or adjoining building  
 Other

Square Footage - Selling Space \_\_\_\_\_  
 Square Footage - Storage Space \_\_\_\_\_  
 Income of Area \_\_\_\_\_  
 (Low, Middle, High)  
 Growth of Area \_\_\_\_\_  
 (None, Stable, Active)

**Store Features**

In-Store Videos  
 Slot Track  
 Train Layout  
 Class Room  
 Vending Facility  
 Flying Field  
 Miles Away \_\_\_\_\_

Race Track  
 Indoor  
 Outdoor  
 Attached  
 Close By  
 Public Track  
 Miles Away \_\_\_\_\_

Lionel Authorized Dealer? Yes \_\_\_ No \_\_\_

Web Address: \_\_\_\_\_

**Category**

**Breakdown**

	% of Volume	% of Space
Radio Control Total		
R/C Cars		
R/C Planes		
R/C Boats		
R/C Helicopters		
Model Railroad		
Roadrace		
Plastics		
Kites		
Rockets		
Skateboards		
Crafts		
Diecast		
Science		
Other		
<b>Total</b>	<b>100%</b>	<b>100%</b>

**Store Promotions**

Advertising	Promotions
<input type="checkbox"/> TV	<input type="checkbox"/> Demonstration
<input type="checkbox"/> Radio	<input type="checkbox"/> Classes
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Sponsored Events
<input type="checkbox"/> Web Site	Other _____
<input type="checkbox"/> Newsletter	
<input type="checkbox"/> Promo Flier	
<input type="checkbox"/> _____	

**Account Status** (You would like your account to be:)

\_\_\_\_ COD/Secured Funds    \_\_\_\_ COD/Check Acceptable    \_\_\_\_ Cash In Advance

\_\_\_\_ Open Account with requested available credit \$ \_\_\_\_\_

\_\_\_\_ Credit Card (VISA or MasterCard — subject to convenience fee of 3.0%)

For extended credit limits, other documentation may be required. To save time, please enclose a current, audited financial statement, current profit and loss statements for one year and/or copies of your IRS forms (filed for the last three filings) claiming your business income.

ALL INFORMATION SUPPLIED TO GREAT PLANES MODEL DISTRIBUTORS WITH THIS APPLICATION WILL BE HELD IN STRICTEST CONFIDENCE.

Accounts Payable Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
(If other than owner) (If other than shop)

**Bank Information**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Numbers (Business Only) Checking \_\_\_\_\_ Savings \_\_\_\_\_

Business Loan Account Numbers \_\_\_\_\_ Contact at Bank \_\_\_\_\_

**Business References** (List wholesale hobby suppliers first)

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

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

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

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

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

**Other Businesses**

Do you own another business or have other business interests which should be considered with this credit application? If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you owned another business in the last five years? If yes, please list name(s), address, credit references and any other pertinent information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that the above information is correct and that any merchandise purchased from Great Planes Model Distributors Co. will be for resale only.

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 before cash discount of my invoices in full within 30 days of invoice date. (Payment within 10 days allows me to take advantage of all cash discounts.) 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 ① any change in ownership or ② 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% of the past due balance 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 Limited Liability Companies Only:**

I hereby personally guarantee any indebtedness to Great Planes incurred by

(Corporate Seal)

\_\_\_\_\_  
Corporation or Limited Liability Co. Name  
**(Please Print)**

\_\_\_\_\_  
Individual Guarantor/Owner **(Signature only)**

\_\_\_\_\_  
Individual Guarantor/Owner **(Signature only)**

A Corporation or Limited Liability Company application must be signed by the owners as personal guarantors of all purchases made by the corporation or LLC in order to receive a positive review for open account credit terms.

**Note: Application cannot be processed without signature**

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