



# DEALER APPLICATION

## BUSINESS NAME:

## CONTACTS:

Type Of Business: Bicycle Shop Skate/Snowboard Shop Internet Only Other: \_\_\_\_\_

Address: \_\_\_\_\_ Date Started: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sole Owner Partnership

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Corp

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Principal Officers: \_\_\_\_\_ Title: \_\_\_\_\_

Resale #: \_\_\_\_\_ State #: \_\_\_\_\_ Authorized Buyers: \_\_\_\_\_

## YOUR SHOP'S MEDIA:

Website: \_\_\_\_\_ Facebook.com/ \_\_\_\_\_ Instagram: \_\_\_\_\_

## Where Did You Hear About Us? Check All That Apply.

Customers Instagram Facebook Twitter Other: \_\_\_\_\_

## Current BMX Lines Carried Check All That Apply.

S&M/Fit Haro Fiend Subrosa Cult WTP Stolen Eastern Sunday Other: \_\_\_\_\_

## CREDIT CARD INFO

Any order without credit card info will ship COD.

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa Mastercard Discover Billing Address w/ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_

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

## TERMS & CONDITIONS

Blackout Distribution is available to everyone with a retail store in a commercially zoned area with all appropriate business licenses. Kink BMX offers protected territory at our discretion. If there is an existing Kink dealer within your area, you may be denied all Kink products, but your shop will be allowed all other product available through Blackout. All orders are sent COD or prepaid by either Visa, Mastercard, or Discover. There is a \$40 fee for all returned checks. Dealers must agree to all policies set by Blackout Distribution.

- Kink/Cinema/Mission items have minimum pricing, if you do not keep stock items above minimum pricing your account will be terminated.
- For Kink territory requirements, please ask your sales rep.
- For policy questions, please ask your sales rep.
- For the ability to sell on your web store or eBay, you must first have a retail location. Then request each website separately in writing to your sales rep and wait for an approval. If you sell online without receiving written approval, your account will be terminated.

## PERSONAL GUARANTEE:

By signing below you are personally bound by Local, State, and Federal laws to pay any outstanding money due to Kink Inc. within the invoice terms. If not paid then all action will be taken against you personally but not limited to collection agency, police and warrants for your arrest. It is a federal offence to bounce a check. All have been done in the past and we will not hesitate to use them again. Any fees above the invoice price associated with any above actions on top of the \$40 returned check fee will be the responsibility of the person signing below.

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## COMMENTS:

## Blackout Distribution

40 Greenleaf St. | Rochester, NY 14609 | PH: 585 654-5250 | FAX: 585 654-5282

EMAIL: [sales@blackoutbmx.com](mailto:sales@blackoutbmx.com) | WEB: [blackoutbmx.com](http://blackoutbmx.com) @blackoutbmx /blackoutbmx

Check the reasons that you are completing this form:

Initial Setup

Change

Cancel

Check **ONE** payment option from below:

On Net Due Date of Invoice

At Time of Order Shipping

#### Section A: Company Information

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_

#### Section B: Primary Contact Person

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Section C: Financial Institution Information\*

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

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Type: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

\*IMPORTANT: A PHOTOCOPY OF A VOIDED CHECK **MUST** BE ATTACHED FOR VERIFICATION OF ACCOUNT NUMBERS.\*

#### Section D: Authorization

I authorize Kink Inc. to initiate and/or set up electronic debit and credit entries to the above account for payment of Kink Inc. invoices. Payment will be initiated on the designated due date or on the next business day if this date falls on a weekend or holiday. I acknowledge that the origination of ACH transactions to this account must comply with the provisions of the U.S. law. This authority will remain in effect until it has been canceled in writing.

\_\_\_\_\_  
Signature of Account Owner or Authorized Signer on Account

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**Kink Inc. | 40 Greenleaf Street | Rochester, NY | 14609**

**Phone: (585) 654-5250 | Fax: (585) 654-5282 | Email: sales@blackoutbmx.com | www.blackoutbmx.com**

October 2018

blackout\_dealer\_app\_oct-2018.pdf