

MALCOM DISTRIBUTORS INC

51-08 Northern Blvd, Woodside, NY 11377. Tel.: (718) 803-8100 Fax: (718) 205-6405

DEALER'S ACCOUNT APPLICATION

Company Name

Authorized Contact Name(s) to place Orders

D. B. A

Federal Tax ID No

Telephone Number

Fax Number

Mailing Address

City

State

Zip

E-mail Address

Cellular Phone Number

____ Corporation ____ Partnership ____ Proprietorship

Type of Business

Date Business Started

No of Employees

Name of Major Shareholders/Owner(s): 1. _____ Title: _____

2. _____ Title: _____

3. _____ Title: _____

Resale/sellers Permit #

State Issued: (Example: New York, New Jersey etc)

Account Payable Name

Account Payable Telephone Number

Facsimile copy of this account application and its authorizations are as valid as its original.

If Applicant fails to pay the balance within thirty days of due date, a ten percent late fee will be applied to the existing balance. In the event Applicant fails to make the aforementioned payment when due, Malcom Distributors Inc., has the right to send Applicant's account to collection and Applicant agrees to pay any collection costs incurred to collect the unpaid balance and late fee, including but not limited to reasonable attorney's fees, costs of any action and disbursements. Returned checks are subject to \$30.00 fee for the first check and \$50 each thereafter. This is in addition to any liquidated damages allowed by the General obligations law. Applicant agrees to indemnify and hold Malcom Distributors Inc., harmless for any damages arising out of this transaction.

The undersigned is required to submit financial statements if terms are requested.

Applicant must include a copy of Resaler/Sellers Permit and/or business license with this application.

Applicant Printed Name

Authorized Signature

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CREDIT REFERENCE

BANK REFERENCE

Bank Name	Contact Person		
Bank Account #	Tel: Number		
Average balance	Fax Number		
Address	City	State	Zip

SUPPLIER REFERENCE

1.

Supplier Name	Account # & Contact Person		
Tel Number	Fax Number		
Address	City	State	Zip

2.

Supplier Name	Account # & Contact Person		
Tel Number	Fax Number		
Address	City	State	Zip

3.

Supplier Name	Account # & Contact Person		
Tel Number	Fax Number		
Address	City	State	Zip

Office Use Only

Account No: _____ Credit Limit: _____ Terms: _____ Pricing Level: _____

Sales Person: _____ Approved By: _____

References: _____ Date Opened: _____