

RJR Distributing
7381 Washington Blvd. Suite 101
Elkridge, MD 21075

Dealer Application

An application to do business with RJR Distributing consists of the following documents.

- 1) Dealer Application / Agreement
- 2) Credit Card Authorization
- 3) Bank Release for your business checking account. (RJR does NOT accept personal checks)
- 4) Voided Copy of your Company Check & Sales Tax Exemption Form
- 5) Qualified Opening Order

All documents must be completed in their entirety, signed, dated and mailed to RJR Distributing.

Type below the name of the RJR sales representative with whom you spoke:

We provide access to current price & spec sheets on our website, www.cfmktg.com, please provide a valid email address as well as a password of your choice to use as login information on the site. We will email you when you have been set up.

Email Address: _____

Password: _____

RJR DISTRIBUTING
Division of CF Marketing, Inc.

7381 WASHINGTON BLVD., SUITE 101, ELKRIDGE, MD 21075 PHONE: 410-796-5999

Company Information

Company Name: _____

DBA: _____

How Long in Business: _____ Corporation Partnership Sole Proprietorship

Type of Corporation (if applicable): _____

Resale Tax Nbr: _____ Date Issued: _____ State: _____

Billing Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____

Is the above also: Shipping? _____ Retail? _____ Total Number of Retail Locations: _____

Shipping Address: _____ Retail? _____

Phone: _____ Fax: _____

Is the Billing Address a Residence? _____ Is the Shipping Address a Residence? _____

Email address: _____ Password for login to www.cfmktg.com : _____

LIST ALL PRINCIPALS: Include All Owners, Partners, Members, and all Senior Officers

Name: _____ Title _____

Home Address: _____ Phone: _____

Name: _____ Title _____

Home Address: _____ Phone: _____

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Credit Information

BANK REFERENCE

(Copy of Blank Voided Company Check Required)

Name of Bank: _____

Address: _____

Name on Checking Account: _____ Bank Phone: _____

Checking Account Number: _____ Bank Fax: _____

CREDIT / TRADE REFERENCES

(Open, Active Accounts Only)

Company Name _____ **Phone:** _____

Account # _____ **Fax:** _____

City, State _____

Company Name _____ **Phone:** _____

Account # _____ **Fax:** _____

City, State _____

Company Name _____ **Phone:** _____

Account # _____ **Fax:** _____

City, State _____

RJR DISTRIBUTING
Division of CF Marketing, Inc.

7381 WASHINGTON BLVD., SUITE 101, ELKRIDGE, MD 21075 PHONE: 410-796-5999

Agreement

The undersigned agrees to pay any indebtedness incurred by the Company named below to CF Marketing when due. Upon failure of the undersigned to do so, CF Marketing may declare the entire balance of all indebtedness in default. In this event the undersigned agrees to pay CF Marketing late charges, plus collection costs, court costs and attorney fees incurred by CF Marketing. The undersigned hereby authorizes CF Marketing, Inc. to make such inquiries as are necessary to obtain credit information, and authorizes its bank of record to release information regarding its accounts.

The undersigned understands that failure to pay any amount due within 30 days of the due date may result in the amount due being charged to the credit card named on the attached Credit Card Authorization form.

The individual signing below represents and warrants that (s)he has full, complete, and absolute authority to execute this Agreement, and bind the Company named above in all respects to the obligations, covenants, representations and warranties contained herein.

The undersigned has read and understands RJR company policy as provided with this application, and agrees that submission of a purchase order with this agreement and in the future, binds the company named above to all RJR policies as may be changed from time to time without notice.

Company Name: _____

Name of Authorized Signer: _____ Title: _____

Signature: _____

PERSONAL GUARANTY Must be a Principal of the Company

In addition to agreeing to pay any and all collection expenses and legal fees, the below signed individual hereby, personally and severally, gives this continuing Guaranty to CF Marketing, Inc., and will pay all invoices that are not paid when due.

Company Name: _____

Print Guarantor
Name: _____ SSN: _____

Home Address: _____

Home Phone: _____

Signature of
Guarantor: _____

Date: _____

RJR Distributing Policies

Policies may be changed at any time and without notice.

Returned Check Policy

RJR will charge a \$25 NSF fee each time a check is returned unpaid by your bank.

General Freight Policy

It is the dealer's obligation and responsibility to notify RJR Distributing when any shipping address is a residential location. Failure to do so may result in re-delivery charges for which the dealer is responsible.

Prepaid Freight Policy

- * Orders of \$2,000 or more ship prepaid; backorders will also ship prepaid. Note exceptions below.
- * Add-ons are not permitted.
- * Cancellation of any backordered item from a prepaid freight order will result in billing of freight charges incurred by RJR Distributing for product previously shipped from that order. Shipment of remaining backordered items will incur normal freight charges.

Exceptions

- * *Bell'O* - There is no prepaid freight for Bell'O.
- * *Kenwood Home* - There is no prepaid freight for Home Theater in a Box (HTB).
- * *Mitek* - There is no prepaid freight for woofer enclosures, including sledgehammers (SLH).

Any item delivered by your sales representative will incur a \$20 delivery charge.

Product Return Policy

Unopened / undamaged product may only be returned for credit within 30 calendar days of the invoice date. A 20% restocking fee will be assessed and deducted from the credit amount.

Defective product may be returned with a Return Authorization (RA).

RAs are for exchange only. A return authorization number must be issued by our office prior to the return of any product. Should any of the original packaging or parts be missing, those items will be removed from the replacement. The dealer is responsible for freight to RJR. RJR will pay the freight for the replacement.

Items returned to RJR under a return authorization number should be shipped to:

RJR Distributing, RA# _____, 7381 Washington Blvd., Suite 101, Elkridge, MD 21075.

As we begin shipping new models please contact our office about discontinued models that are defective. In the event that an exact replacement cannot be provided we will, at our discretion, issue credit, replace with an equivalent model, or repair under warranty.

Application / Agreement Credit Card Authorization
Issued to CF Marketing / RJR Distributing

PRINT CLEARLY

Company Name: _____

DBA: _____

Cardholder's Name: _____
(As printed on the face of the credit card)

Cardholder's Billing Address: _____
(Address where credit card bills are mailed)

(Address where credit card bills are mailed)

Visa: ____ Mastercard: ____ AMEX: ____
Credit Card Number: _____

Expiration Date: _____

Security Code (on back of card) _____

**My signature below authorizes CF Marketing / RJR Distributing to charge the above credit card
for invoices resulting from purchase orders submitted by the above named company.**

Cardholder Signature: _____ Date: _____

Business Phone: _____ Cell Phone: _____

Home Phone: _____

RJR DISTRIBUTING
7381 Washington Blvd., Suite 101
Elkridge, MD 21075
Phone: 410-796-5999

Bank Release

Complete the boxed-in area at the bottom of the form ONLY.

To Whom It May Concern:

Please give us your experience with the above referenced account. They have given your name as a bank reference. Thank you for your assistance.

How long has the above named company/individual had a checking account with you? _____

Their average balance: _____

General banking relationship: _____

Number of NSF Checks in Past 12 Months: _____

Credit Facilities you have extended: _____

Secured

Unsecured

I hereby grant permission to _____
to release all of the above information to RJR Distributing.

Signed _____ Date: _____

Name and Title _____

Company: _____

Checking Account Number: _____

RJR DISTRIBUTING

7381 Washington Blvd. Suite 101

Elkridge, MD 21075-6329

Phone: 410-796-5999

DEALER: _____

ADDRESS: _____

BUYER: _____

VENDOR: RJR Distributing _____

REMARKS:

SALES ORDER

CUST NO: _____

DATE: _____

PO# Opening Order _____

SHIP TO: _____

ADDRESS: _____

TERMS: _____

SALESPERSON	SHIP VIA	DATE REQ.	F.O.B.
	BW	ASAP	

QUANTITY	STOCK NUMBER/DESCRIPTION	PRICE	AMOUNT

acc

TOTAL _____

SALES TAX EXEMPTION CERTIFICATE / MULTI-JURISDICTION

I certify that, Name of Firm (Buyer): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Qualifies as: (check each applicable item)

Wholesaler () Retailer () Manufacturer () Charitable Religious ()

Political Subdivision of Governmental Agency () Other () specify _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is _____ or that such purchases are exempt fro payment of sales or use tax such states and cities because the buyer is:

() Charitable or Religious () Political Subdivision or Governmental Agency

() Otherwise exempt by Statute (specify):

Organization # :

Resale Tax ID #:

Federal Tax ID#:

I further certify that is any property so purchased tax free is used or consumed by the firm as to make it subject to State or Use Tax we will pay the tax due diret to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless other wise specified, and shall be valid until cancelled by us in writing or revoked by city or state.

Under penalties or perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature

Title

Date