



NEW DEALER APPLICATION

FOR OFFICE USE ONLY
DATE RECEIVED:
DATE APPROVED:
INITIALS:

LEGAL FIRM NAME: PHONE: FAX:

d/b/a: CELL:

MAILING ADDRESS:

CITY: STATE: ZIP:

SHIPPING ADDRESS:

CITY: STATE: ZIP:

E-MAIL ADDRESS: WEB SITE:

FEDERAL TAX I.D.#: STATE TAX LICENSE#:

CORPORATION PRINCIPAL - NAME TITLE

L.L.C. PRINCIPAL - NAME TITLE

PARTNERSHIP PRINCIPAL - NAME TITLE

PROPRIETORSHIP PRINCIPAL - NAME TITLE

YEAR BUSINESS ESTABLISHED: YEARS AT PRESENT LOCATION:

TRADE REFERENCES:

NAME: ACCOUNT#: PHONE:

ADDRESS: FAX:

CITY: STATE: ZIP: CONTACT:

NAME: ACCOUNT#: PHONE:

ADDRESS: FAX:

CITY: STATE: ZIP: CONTACT:

NAME: ACCOUNT#: PHONE:

ADDRESS: FAX:

CITY: STATE: ZIP: CONTACT:

BANK REFERENCE:

NAME: FAX#: PHONE:

ADDRESS: BRANCH:

CITY: STATE: ZIP: CONTACT:

CHECKING ACCT#: OTHER ACCT#:

By signing this application, dealer agrees NOT to resell C.E.D. products on the internet

As The Representative Of The Above-Named Applicant, I Authorize The Release Of Credit Information To Cutting Edge Distributing

SIGNATURE: DATE:

NAME: TITLE:

PLEASE INCLUDE A PHOTOCOPY OF YOUR STATE TAX LICENSE

PLEASE FAX BACK TO CUTTING EDGE DISTRIBUTING
FAX: 303 671-9066 TOLL-FREE FAX NUMBER: 866 329-2330
CALL: 303 671-8901 TOLL-FREE: 866 334-3347



## “TERMS AND CONDITIONS OF SALE”

### ORDERING

Please call or fax your orders to Cutting Edge Distributing. Our telephone number is (303) 671-8901 and toll-free 1-866-344-3347. Or, for your convenience, you may fax us at (303) 671-9066 (Denver-Metro) or at 1-866-329-2330 (Regional).

### TERMS

All orders are subject to credit approval. For your convenience, Cutting Edge now accepts credit cards (VISA, MASTERCARD, AMEX or DISCOVER)! All accounts will be set up on a C.O.D., C.I.A. or CREDIT CARD status, and are subject to a credit check prior to any orders being shipped. All returned checks will be subject to an **additional \$25.00 service charge**.

### FREIGHT AND SHIPPING

Orders received by 2:00 pm Monday through Friday will be shipped same day (special orders and backorders excluded). All orders are shipped F.O.B. Aurora, Colorado. Overnight Air and Second Day Air shipments are available upon request. All orders will be shipped via U.P.S. ground unless otherwise requested.

### WILL CALL/PICK UP

We are open Monday through Friday from 8:00 am to 5:30 pm. Please place “Will Call” orders 2 hours in advance. “Will Calls” must be picked up within 72 hours of ordering.

### WARRANTY

Equipment sold through Cutting Edge Distributing carries the full manufacturer’s warranty. Please contact us for specific details.

### MERCHANDISE RETURN POLICY

**All returns must have a Return Authorization Number obtained from our office via telephone or fax.** The R.A. number must appear on the outside of the shipping carton, or the shipment will be refused. Merchandise returned for a credit must be in sealed factory packaging and may be subject to a 15% restocking charge.

### OTHER

Please call for availability and pricing. Prices and specifications are subject to change without notice.

### INTERNET POLICY

Due to contractual vendor agreements, **the reselling of products purchased from Cutting Edge Distributing via the internet and mail order are strictly prohibited.** Violation of this policy will result in the discontinuance of the ability to purchase goods and services from Cutting Edge Distributing.



# CREDIT CARD AUTHORIZATION FORM

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

Dealer Name : \_\_\_\_\_

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

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

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

Credit Card Type :

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Corporate \_\_\_\_\_ Personal \_\_\_\_\_ Debit \_\_\_\_\_

Issuing Bank : \_\_\_\_\_

Name on Card : \_\_\_\_\_

Primary Account Number : \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Verification Code : \_\_\_\_\_ \*\*\*

Secondary Account Number : \_\_\_\_\_

Expiration Date : \_\_\_\_\_ Verification Code : \_\_\_\_\_ \*\*\*

**\*\*\* IMPORTANT !** *This is the number on the signature line of your credit card following the card number. This will be required in the future as an extra precaution against fraud. We cannot run your card without it.*

Authorized users : \_\_\_\_\_

Please check one :

\_\_\_\_\_ This authorizes Cutting Edge Distributing to charge purchases on the above account.

\_\_\_\_\_ Each individual order must be authorized before any purchases are charged to the above account.

Special Instructions : \_\_\_\_\_

OFFICER'S NAME (please print) : \_\_\_\_\_

Authorized Signature : \_\_\_\_\_