

MANUFACTURER REGISTRATION



673 Avenue C, White City, OR 97503-1078 U.S.A.

The purpose of the this registration is to identify your firm as a manufacturer eligible for discounts. Please be sure to fill in all requested information completely and return to us with signature to avoid delay in processing your application & order.

YOU MUST FURNISH PROOF THAT YOU ARE A MANUFACTURER. EXAMPLES INCLUDE PHOTOS OF YOUR MANUFACTURING FACILITY, MAGAZINE ADS, PRODUCT PACKAGING, OR WEB SITE. A COPY OF YOUR LISTING IN THE YELLOW PAGES SHOULD BE INCLUDED, IF AVAILABLE.

Firm Name _____

Mailing Address _____

City/State/Zip _____

Shipping Address _____

City/State/Zip _____

Phone No. (Include Area Code) _____ Fax No. _____

E-Mail _____ Web Site _____

Your Name _____ Position with Firm _____

How long have you been in this business? _____ Is location zoned for business? _____

List the Model/Hobby Magazines in which you advertise _____

MANUFACTURER TERMS ALL ORDERS

Minimum \$300.00 net. No COD'S !!!

All orders must be in written form with a purchase order number & or purchasers name either phoned, faxed or e-mailed to Kadee®. *Phone* (541) 826-3883 • *Fax* (541) 826-4013 • *e-mail* order@kadee.com

Please contact Alan Vezzani for current prices.

OEM sales of Kadee® products are subject to managements discretion, as all products manufactured by Kadee® are not available for sale. OEM prices are NET, and no further discounts are allowed. Prices subject to change without notice.

FOR NEW MANUFACTURERS NOT ON OPEN ACCOUNT - Item pricing varies. Payment by Debit or Credit VISA, MasterCard, Company Check, Cashiers Check or Money Order in US Dollars prior to sending the fulfilled order. **A returned check fee of \$25 will be charged and accrued interest until paid in full.**

DOMESTIC MANUFACTURERS WITH AN ESTABLISHED OPEN ACCOUNT - Item pricing varies. Invoice net amount due in 30 days. After 31 days, account becomes past due and a \$5.00 late fee & 2% interest. **No shipments will be made to past due accounts! A returned check fee of \$25 will be charged and accrued interest until paid in full.**

MANUFACTURERS PAY ALL INSURANCE AND SHIPPING REGARDLESS OF LOCATION.

Please fill in **all** information on the other side, and be sure to **sign your name.**



CREDIT APPLICATION



F R O M NAME _____ TEL/FAX _____
 ADDRESS _____ YEARS IN BUSINESS _____
 CITY _____ STATE _____ ZIP _____ YEARS AT THIS LOCATION _____

O W N E R S H I P NAME _____ TITLE _____
 NAME _____ TITLE _____
 NAME _____ TITLE _____
 CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

B A N K NAME _____ TEL/FAX _____
 ADDRESS _____ ACCOUNT REP. _____
 CITY _____ STATE _____ ZIP _____ MONTHLY CREDIT DESIRED _____
 CHECKING ACCT. _____ SAVINGS ACCT. _____ LOC _____

PLEASE LIST SUPPLIERS WHERE YOU HAVE HAD OPEN ACCOUNT BILLING FOR AT LEAST ONE YEAR. NOT APPLICABLE FOR CANADA & OVERSEAS MANUFACTURERS

T R A D E NAME _____ TEL/FAX _____
 ADDRESS _____ ACCT. NO. _____
 CITY _____ STATE _____ ZIP _____ HOW LONG DEALT WITH _____

R E F E R E N C E S NAME _____ TEL/FAX _____
 ADDRESS _____ ACCT. NO. _____
 CITY _____ STATE _____ ZIP _____ HOW LONG DEALT WITH _____

NAME _____ TEL/FAX _____
 ADDRESS _____ ACCT. NO. _____
 CITY _____ STATE _____ ZIP _____ HOW LONG DEALT WITH _____

NAME _____ TEL/FAX _____
 ADDRESS _____ ACCT. NO. _____
 CITY _____ STATE _____ ZIP _____ HOW LONG DEALT WITH _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I/WE CAN AND WILL COMPLY WITH YOUR TERMS.

DATE _____ SIGNED _____ TITLE _____

DATE _____ SIGNED _____ TITLE _____

NOTE: This application for credit will be held in strict confidence and will be used only by our credit department.

FOR KADEE® USE ONLY

References checked by _____ Date _____

Credit approved by _____ Date _____

Credit refused by _____ Date _____