

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

Minimum \$300.00 Net. No discounts will be applied to orders below \$300 Net. All orders will be charged all shipping & handling fees. No COD'S !!! No Drop shipping.

Please contact Alan Vezzani for current prices. Bulk pricing subject to change due to variable material & handling costs. OEM sales of Kadee® products are subject to managements discretion, as all products manufactured by Kadee® are not available for bulk sale. OEM prices are NET, and no further discounts are taken.

All orders must be in written form with a purchase order number &/or purchasers name either phoned, faxed or e-mailed to Kadee®. 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.

MANUFACTURERS PAY ALL INSURANCE AND SHIPPING REGARDLESS OF LOCATION, AND ARE RESPONSIBLE FOR ALL TAXES, DUTIES, OR CUSTOM FEES.

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

Terms & conditions subject to change without notice. See Kadee® website www.kadee.com for current Terms & Conditions.



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 _____