

E-TAILER REGISTRATION



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

The purpose of the E-Tailer Registration is to identify your firm as a internet only dealer entitled to internet dealer discounts. Please be sure to fill in all requested information completely and return to us with signature to avoid delay in processing your first order.

YOU MUST FURNISH PROOF THAT YOU ARE A E-TAILER, WITH AN INTERNET ONLY STORE FRONT, SELLING MODEL RAILROAD EQUIPMENT TO THE PUBLIC. A REGISTERED DOMAIN NAME OF YOUR STORE, WITH A SECURE SHOPPING CART ON THE SITE ARE REQUIRED, (E-BAY ONLY OR OTHER TYPES OF ONLINE AUCTION ONLY ARE NOT ACCEPTABLE). MINIMUM OPENING ORDER OF \$500.

Firm Name _____

Mailing Address _____ City/State/Zip _____

Domain Name _____

Web Hosting Provider _____

Shopping Cart Utilized _____

Shopping Cart Address _____

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

E-Mail _____

Your Name _____ Position with Firm _____

How long have you been in this business? _____ Do you have a warehouse? _____

How do you ship your products? _____

List the Model/Hobby Magazines + Sites in which you advertise _____

Type of E-Tailer? Train & Accessories _____ General Hobbies Shop _____

Other _____

E-TAILERS TERMS

Minimum \$150.00 Net. No discounts will be applied to orders below \$150 Net. All orders will be charged all shipping & handling fees. No COD'S !!! No Drop shipping.

E-Tailer will pay all shipping charges. Insurance will be added. Payment must be VISA or MasterCard.

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

ORDERS:

All orders must be placed the online ordering portal through our website at <https://www.kadee.com>.

\$2500 international package cap.

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.



BACKGROUND INFORMATION



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

O W N E R S NAME _____ TITLE _____
NAME _____ TITLE _____
NAME _____ TITLE _____
R I P ☐ 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.

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 _____

Kadee® Quality Products Co., 673 Avenue C, White City, OR 97503-1078 U.S.A.

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