

# COWAY DEALER APPLICATION PACKET

## PLEASE READ

### BECOMING DEALER

Thank you for your interest in becoming a valued CAOWAY dealer. Complete the following application form to become a dealer of COWAY USA INC. You will also need to attach one copy of your seller's permit with this application.

### PAYMENT/TERM

We basically accept prepayment, COD, credit card. If you wish to set up with NET 30 terms, you will need to also complete the Credit Application Packet. All Application for dealership and credit accounts are subject for review and approval by COWAY. On Approval of your application or any type of account authorization, we provide you with an account number and price list.

### OPENING ORDER REQUIREMENT

We require that you place a minimum order of 10 units at the time you submit your dealer application. Any subsequent orders will not bear a minimum purchase requirement. A sample unit, however, is not included to the minimum order requirement. The Exclusive dealer, however, is subject to different minimum requirement according to the region.

### FREIGHT/ SHIPPING POLICY

All shipping costs from our warehouse (LA, New York) are given to the buyer. But, in case of the full container load from Korea, special price will be applied.

### RETURN POLICY

All products purchased from COWAY can be returned within 30 days of purchase in case of non defective units. Factory sealed items can be returned without any restocking fee within 30days. The items not sealed, however, are charged 25 % restocking fee and freight.

The defective units can be either exchanged with the equivalent price model or credited to the dealer's account.

## DEALER APPLICATION FORM

### Company Information

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

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

City/State/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Website URL: \_\_\_\_\_

Shipping Address (If Different): \_\_\_\_\_

City/State/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Type:

Individual       Corporation       Partnership       Others

\_\_\_\_\_

Date of Incorporation (if incorporated) \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Federal ID # \_\_\_\_\_ Business Since: \_\_\_\_\_(month) \_\_\_\_\_  
(Year)

Resale Number or Seller' Permit Number \_\_\_\_\_

Type of Business \_\_\_\_\_

### Contact Person

Owner: \_\_\_\_\_ TEL: \_\_\_\_\_

Purchasing      Name: \_\_\_\_\_      Title: \_\_\_\_\_      TEL: \_\_\_\_\_

Shipping      Name: \_\_\_\_\_      Title: \_\_\_\_\_      TEL: \_\_\_\_\_

A/P      Name: \_\_\_\_\_      Title: \_\_\_\_\_      TEL: \_\_\_\_\_

**Additional Company Information**

Number of Employees: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_

Main Items of your Business: \_\_\_\_\_

How Would you describe your Customers?  
\_\_\_\_\_  
\_\_\_\_\_

**Trade Reference**

1) Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

TEL: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

TEL: \_\_\_\_\_

3) Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

TEL: \_\_\_\_\_

**Bank Reference**

1) Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

TEL: \_\_\_\_\_

2) Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

TEL: \_\_\_\_\_

I authorized COWAY to inquire about my credit standing with the above named bank. Please accept my signature as permission to COWAY with this information.

**Applicant Signature:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

## CREDIT APPLICATION FORM (For Term Applicant)

### Account Information

Company Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Desired Credit Limit: \_\_\_\_\_

Account Payable Contact: \_\_\_\_\_

Account Type:  Credit Card  C.O.D Account  Others

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

City/State/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mobile Address: \_\_\_\_\_

Website URL: \_\_\_\_\_

Business Type:

Individual  Corporation  Partnership  Others

Date of Incorporation (if incorporated) \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Federal ID # \_\_\_\_\_ Business Since: \_\_\_\_\_(month) \_\_\_\_\_  
(Year)

Resale Number or Seller' Permit Number \_\_\_\_\_

Type of Business \_\_\_\_\_

### Guarantor (Owner or Principle):

Name of Owner/Principle \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of Guarantors

## CREDIT CARD AUTHORIZATION FORM

*(This form is optional unless you are setting up COD-Credit Card Account)*

My Signature below authorized COWAY to process telephone and/or fax orders to below referenced credit card. This orders may be made by only the authorize persons listed below. Any changes of authorized persons must be made in writing to COWAY. I hereby assume full, unconditional responsibility for making payment for all orders and agree to abide by billing and merchandise return policies COWAY.

VISA       MASTERCARD       AMERICAN EXPRESS       DISCOVER

CARD # \_\_\_\_\_ Expiration \_\_\_\_\_

CIV/CCV # \_\_\_\_\_ (3 or 4 digit security #)

COMPANY NAME \_\_\_\_\_

BILLING ADDRESS OF CARDHOLDER \_\_\_\_\_

NAME OF AUTHORIZED USERS

1) \_\_\_\_\_

2) \_\_\_\_\_

CARD HOLDERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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# BANK INFORMATION REQUEST FORM

*(For COD or Credit Applicant)*

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

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

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

Contact Person: \_\_\_\_\_

## Bank Information

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Saving Account # \_\_\_\_\_

Checking Account # \_\_\_\_\_

I authorized COWAY to inquire about my credit standing with the above named bank.  
Please accept my signature as permission to furnish COWAY with this information.

Name of Account Holder \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE of Account holder