



3701 W Carriage Dr • Santa Ana, CA 92704  
Ph: 714.988.0001 Fax: 714.459.7897  
WWW.HUDSONSHUFFLEBOARDS.COM

Valued Dealer:

Thank you for your interest in becoming an Open Account Dealer/Distributor with Hudson Shuffleboards, the **FASTEST growing shuffleboard manufacturer in the USA!** We seek partners who are interested in actively promoting and selling our products.

To initiate our review process, please complete the following forms and supply the additional information requested

Forms to Complete:

1. **New Dealer Profile form:** This helps us understand your business, the means you use to promote and sell products, and how we can help you promote our products.
2. **Credit Application:** We need three trade and appropriate bank/credit references for your business. We will contact your references and complete a credit check.

Additional items to submit with the dealer application:

1. **Copy of your business license:** you must be a registered business
2. **Up to date state sales tax certificate:** You must be a reseller, not an end-user of our products
3. **Tax Exemption Certificate:** If you apply for tax-exempt status, you must supply Hudson Shuffleboards with a copy of your Sales Tax Exempt Certificate

**Please fax the completed forms and the additional material to Hudson Shuffleboards at 714-459-7897.**

Once you transmit all materials to us, we will review your application information and notify you with the results usually within 10 Days. At that time we will contact your designated representative with further information.

If you have any questions regarding the application, please call our Credit Dept. at 714-988-0001.

Sincerely,

Hudson Shuffleboards  
Credit Department  
Ph: 714.988.0001  
Fax: 714.459.7897  
Email: Sales@HudsonShuffleboards.com



## Dealer Profile

PLEASE PRINT CLEARLY!

### Background and Contact Info

Business Name: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Annual Sales Volume: \$ \_\_\_\_\_ # of Shuffleboards Sold Last Yr: \_\_\_\_\_ Type of Store: (Sq. Ft.): \_\_\_\_\_

Do you have board installers? (circle) Y / N

### Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Toll Free: \_\_\_\_\_

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

Web Site: \_\_\_\_\_

### Shipping Location 1:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Shipping Location 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Marketing Contact:

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

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

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

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

Email: \_\_\_\_\_

### Accounts Payable Contact:

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

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

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

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

Email: \_\_\_\_\_

### Purchasing Contact:

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

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

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

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

Email: \_\_\_\_\_

### Sales Contact:

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

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

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

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

Email: \_\_\_\_\_



**Marketing Strategy:**

Do you accept orders through your website? (circle) Y / N

Do you plan on selling our products on your website? (circle) Y / N

\*Please list other Merchandise Lines Presently Carried (shuffleboards only):

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**Catalog:**

Do you publish a catalog? (circle) Y / N

Frequency of Publication:    Monthly        Annual        Other frequency: \_\_\_\_\_

Month in which catalog is published: \_\_\_\_\_

Lead time for materials: \_\_\_\_\_

Would you like to add our products to your next catalog? (circle) Y / N

How do you plan to promote Hudson Shuffleboards and our products?

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I hereby confirm that all the above information is correct.

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

Print Name and Title: \_\_\_\_\_

**Please Fax Completed Form to (714) 459-7897, Attn: Credit Dept. or email to:**

**Sales@HudsonShuffleboards.com**



# Business Credit Application

## Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

## Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>		
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:

## Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan:      Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I also agree that if defaults in payment in accordance with terms, I will pay all costs of collections including but not limited to collection agency fees, reasonable attorney fees, court fees, filing fees and service fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date