FTW Investments LLC 67228 Gratiot Ave #6 Richmond,MI 48062 586-693-2657phopne 586-693-2711fax

Name (Please Print)

Date: Company Name:



MIKE KLOTT

Date

## Dealer Application

DBA:	Y	ear(s) in	Busine	55:
Billing Address:				
City:		tate:	Zip:	
Shipping Address:				
City:	S	tate:	_ Zip:	
Phone:	Fax:			
Email:	Buy	er:		
A/P Contact:				
Credit Card #:				CVC#
agrees to pay the states sales or tax due taxable.	e in the event that any or all purc	nases made r	nereunder	snould be determined to be
Purchaser:	To France	T Ma		
FINANCIAL RESPONSIBILITY I attest to purchases made by me from FTW ADAP writing. FTW ADAPTERS stated terms are invoice (Net 30 Days)." I agree that, in the pay all costs of collection, court costs are action. I further agree that, in the event ADAPTERS is authorized to access a Reaccordance with applicable state law. I card any unpaid balance after 45 days worthiness and to obtain reports from my or	PTERS to FTW ADAPTERS state re: "The unpaid balance is due in event of legal action instituted to and reasonable attorney's fees inci- any check for payment on any/ou- eturn Check Fee in the amount of in addition, by signing below I her of the invoice date. I further as	d terms. Unle full within 30 collect any unp urred by FTW ir accounts is f \$25.00 and eby authorize	days of to paid balan ADAPTE returned to debit in	ise mutually agreed upon in the date of FTW ADAPTERS ce due FTW ADAPTERS will RS as a result of said legal unpaid for any reason, FTW my account of said fees, in APTERS to charge my credit
BY SIGNING BELOW, I CERTIFY THAT I	HAVE READ AND AGREE TO TH	IESE TERMS	AND CON	IDITIONS.

Signature

	all Notices to which the undersi	gned may otherv	ent when due of all amounts owed by the vise be entitle, including but not limited to asions of forbearances.
Name (Please Print)	Signature		Date
Please specify payment options C.O.D Company Check C.O.D Secured Credit Card Net Account  Trade References	(Trade references will nee (Only fill out 1st page and st (Only fill out 1st page and st (Trade references will nee	sign) sign)	
Name:		Contact:	
Address:	-	Phone:	
City:	State:		
Name:		Contact:	
Address:		Phone:	
City:		8	Zip:
Name:		Contact:	
Address:		Phone:	
City:	<b>A</b> 7:27.05		Zip:
The second secon	and the second s	Serve and the serve and the serve	your references. Once established we will a good payment record
Our terms are Net 30 Days that is hand at our offices. All accounts that			ip date) we expect to have your payment in ent is received at our offices.
Thanks for the opportunity to serve	you.		



## FTW Investments LLC 67228 Gratiot Ave #6 Richmond, MI 48062

586-693-2657ph 586-693-2711fax www.ftwadapters.com

## Credit Card Payment Form

Please fill the information requested below and send it to us

1. Via Fax: 586-693-2711

Via Email: sales@ftwadapters.com

				C	redit	Card D	etails			
	lit Card Type lit Card No:		Visa		Master		Americ	can Express		
Expi	ry Date:	M	М	1	Y	Y				
Sign	ature:		Į.							
Crec	lit Card Code*:							ed in the signature credit card numbe		
			(	redit C	ard H	older's	Inform	ation		
Nam	e on the credit c	ard:								
Addı	ess1:									
Addı	ess2:									
City										
State	e/Prov:									
Zip:										

writing. FTW INVESTMENTS stated terms are: "The unpaid balance is due in full within 30 days of the date of FTW INVESTMENTS invoice (Net 30 Days)." I agree that, in the event of legal action instituted to collect any unpaid balance due FTW ADAPTERS will pay all costs of collection, court costs and reasonable attorney's fees incurred by FTW INVESTMENTS as a result of said legal action. I further agree that, in the event any check for payment on any/our accounts is returned unpaid for any reason, FTW INVESTMENTS is authorized to access a Return Check Fee in the amount of \$25.00 and to debit my account of said fees, in accordance with applicable state law. In addition, by signing below I hereby authorize FTW INVESTMENTS TO charge my credit card any unpaid balance after 45 days of the invoice date. I further authorize FTW INVESTMENTS to investigate my credit worthiness and to obtain reports from my credit reporting bureaus.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND AGREE TO THESE TERMS AND CONDITIONS.

Name (Please Print)	Signature	Date	
	I TRANSPORTIONS WILL BUOM UP & INTIMU	SELEVAND TIDES ON VOLID STATEMENT	