

To: Leah Phippen Email: leah@bremtown.com

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

## DEALER APPLICATION COVER SHEET

Thank you for your interest in becoming a part of the Bremtown Dealer Network! Below is a checklist of the forms included in this packet that we need completed to ensure a successful dealer setup. We will use this information to establish our working relationship, your Order Express profile, and financial account with Bremtown Cabinetry. These forms may be completed electronically or printed and scanned to us. Once you have completed this packet, please return using this cover sheet via email to [leah@bremtown.com](mailto:leah@bremtown.com).

### CHECKLIST

1.  Terms Application (pg. 2)
2.  References (pg. 3)
3.  Agreement (pg. 4)
4.  Personal Guaranty (pg. 5 – \*need one for each owner\*)
5.  Invoice Payment Options (pg. 6)
6.  Certificate of Purchase for Resale (pg. 7)
7.  Dealer Profile (pg. 8)
8.  Partnership Commitment (pg. 9)

Please ensure that all of the above documents are reviewed and completely filled out before submitting to Bremtown for processing. Incomplete forms may delay the approval of your Dealer Application. If you have any questions while completing this form, please feel free to contact your Sales Representative or Leah Phippen at 574-546-2781 or [leah@bremtown.com](mailto:leah@bremtown.com). Thank you!

***What happens once you submit your packet to Bremtown? We will review your information, contact your references, establish your Order Express and financial account. Once this process has been completed, you will receive two letters from Bremtown:***

1. ***A Welcome Email with your Order Express Login Credentials***
2. ***A Welcome Letter from our Accounting Office outlining payment terms and any other financial account information.***

## DEALER TERMS APPLICATION

Date \_\_\_\_\_ Bremtown Sales Rep \_\_\_\_\_  
Legal Business Name \_\_\_\_\_  
Business Name (DBA) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ DUNS # \_\_\_\_\_  
Website \_\_\_\_\_ Date Business Established \_\_\_\_\_

If you have moved or changed the name of your business in the last two years, please attach a detailed listing of the prior information.

### PREFERRED TRADE TERMS

Bremtown's standard payment terms are a 50% deposit at time of order placement. The remaining balance is paid at time of delivery (COD). A 2% COD discount is typically offered. Please provide your credit references for business integrity. Please feel free to contact your Sales Representative or Leah Phippen at 574-546-2781 or [leah@bremtown.com](mailto:leah@bremtown.com) if you have any questions.

### ACCOUNTING/INVOICE CONTACT

Bremtown requires an email address for sending invoices. Please provide an email address that is monitored regularly. Please note that no paper copies of invoices will be mailed.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email for Invoicing \_\_\_\_\_

### BUSINESS TYPE

The following information MUST be provided. It will be held in the strictest of confidence.

Corporation     Partnership     LLC     Sole Proprietor/Individual    State of Formation \_\_\_\_\_

### OWNERSHIP INFORMATION

Please provide a list of owners for your company. The names listed below must equal 100% ownership.

**OWNER #1:**

Owner Name \_\_\_\_\_ Ownership % \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**OWNER #2:**

Owner Name \_\_\_\_\_ Ownership % \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Please attach a separate sheet if needed for more than two owners.

### DEALER REFERENCES

#### CREDIT REFERENCES (Please provide references – preferably one cabinet mfg.)

##### REFERENCE #1:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Preferred Method of Contact is Email, Please Provide if Possible.*

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

##### REFERENCE #2:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Preferred Method of Contact is Email, Please Provide if Possible.*

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

##### REFERENCE #3:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Preferred Method of Contact is Email, Please Provide if Possible.*

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

##### REFERENCE #4:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Preferred Method of Contact is Email, Please Provide if Possible.*

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### CREDIT REFERENCE SIGNATURE AUTHORIZATION

The undersigned represents they are authorized to provide the above reference information on behalf of the business entity. The undersigned also authorizes their credit references to release any information requested to assist in establishing business integrity with Bremtown Fine Custom Cabinetry, Inc.

Dealer Signature \_\_\_\_\_ Date \_\_\_\_\_

Dealer Name (print) \_\_\_\_\_ Title \_\_\_\_\_

*By typing your name here, you authorize this field to act as your signature.*

## DEALER AGREEMENT

The undersigned represents they are authorized to execute this application on behalf of the business entity. The undersigned certifies that all supplied information is true and correct and agrees to the proper payment in consideration of extended trade terms. The undersigned agrees that as a condition of being extended credit by Bremtown Fine Custom Cabinetry, Inc (hereafter called "Bremtown"), they will be informed, in writing, of any changes in the structure of the business such as the withdrawal of a partner, incorporation, or any other change in ownership. The undersigned agrees to provide Bremtown updated financial information upon request. The undersigned agrees to pay for all money due according to the terms stated on the invoices generated by Bremtown. No terms or conditions of contract different from the terms of Bremtown will become part of any sales agreement, purchase order, or other documents unless approved in writing by Bremtown.

The undersigned also acknowledges that Bremtown is only responsible to comply with warranties pertinent to merchandise as set forth on their packing list or cash sale invoice. Title to any and all goods or materials hereafter purchased shall remain with Bremtown until the full purchase price has been paid. Failure to pay any part to the purchase price when due, or in the event that proceeding in bankruptcy, receivership, or insolvency are instituted by or against you or your property, Bremtown may at its option cause the entire unpaid balance to become due and immediately payable. The undersigned hereby agree(s) that we (I) are personally liable for the payment of all debts and obligations incurred hereafter or for credit extended heretofore for their business all in consideration of such credit being extended. The undersigned further understands that they shall be personally liable for all credit extended by Bremtown to their business whether incurred by the undersigned or the agents or employees of such business. The undersigned further agrees that they shall be responsible for and pay any attorney fees or other cost of collection incurred in the collection of any debt incurred by their business hereafter or heretofore with Bremtown. This shall be continuing guaranty until terminated by written notice to Bremtown Fine Custom Cabinetry, Inc, 1456 State Rd 331, Bremen, IN 46506. The undersigned understands that past due accounts could be assessed a late charge of 1.5% per month and agrees to pay these charges. The undersigned consents to the jurisdiction of the county of the stand of Indiana, County of Marshall, on all matters arising out of this contract.

### AGREEMENT SIGNATURE(S)

COMPANY PRINCIPAL SIGNATURE(S) ONLY (if partnership, at least two partners must sign):

Name \_\_\_\_\_ Title \_\_\_\_\_

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

*By typing your name here, you authorize this field to act as your signature.*

Name \_\_\_\_\_ Title \_\_\_\_\_

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

*By typing your name here, you authorize this field to act as your signature.*

## PERSONAL GUARANTY

PLEASE MAKE ADDITIONAL COPIES FOR EACH OWNER

I, \_\_\_\_\_ residing at  
OWNER'S NAME

\_\_\_\_\_  
ADDRESS

for consideration of your entering into the Non-Exclusive Dealer Agreement and/or extending trade terms at my request to

\_\_\_\_\_  
BUSINESS NAME

(hereinafter referred to as the "Company"), hereby personally guarantee to you the payment at **BREMTOWN FINE CUSTOM CABINETRY INC, 1456 STATE RD 331 N, BREMEN, IN 46506** of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company. This is a guaranty of payment and performance and not of collection, and you may enforce this Guaranty against me even if you have not exhausted your remedies against the Company or anyone else. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment, and notice thereof and consent to any modification or renewal of the trade terms agreement hereby guaranteed.

Also, it is agreed that any collection or attorney fees which are incurred by your company in settling the obligation will also be paid by me.

\_\_\_\_\_  
OWNER SIGNATURE *By typing your name here, you authorize this field to act as your signature.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER NAME (print)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
WITNESS SIGNATURE *By typing your name here, you authorize this field to act as your signature.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS NAME (print)

\_\_\_\_\_  
TITLE

## INVOICE PAYMENT OPTIONS

Bremtown offers several convenient payment options for our invoices! Please read below for the five options we have available and please feel free to use the one that best suits your needs – we want to provide options to help our dealers succeed!

### OPTION 1: PAYMENT BY ACH

#### A "BREMTOWN PREFERRED" METHOD OF PAYMENT

How does this process work at Bremtown? Great question! If you choose this option for payment of your invoices, you will complete an ACH Authorization Form. Feel free to email [accounting@bremtown.com](mailto:accounting@bremtown.com) and request this form at any time. Once you return this form to us, your bank information will remain on file at Bremtown in a secure location. This means that for any future invoices you receive from Bremtown, you can simply reply to the invoice email and ask us to charge your bank account on file to process payment for the invoice(s). This is a great option to help save your team time!

Two important details to note: First, your bank account will NOT be debited without your PRIOR WRITTEN APPROVAL. Second, a receipt can be provided to you for the debit transaction upon your request.

### OPTION 2: PAYMENT BY ACH CHECK

#### A "BREMTOWN PREFERRED" METHOD OF PAYMENT

What is "payment by ACH check"? Great question! You process a check as normal in your system, email a check copy to [accounting@bremtown.com](mailto:accounting@bremtown.com) along with the invoice number you wish to pay and we will electronically process it as an ACH payment. NO NEED TO MAIL THE CHECK TO US! This is a very convenient option and is one of our preferred methods of payment.

### OPTION 3: PAYMENT BY ACH TRANSFER

You can definitely use this method to pay for your invoices! If you select this option, we will send you Bremtown's ACH information in a separate email for which you can initiate an ACH from your online bank account. Please email [accounting@bremtown.com](mailto:accounting@bremtown.com) to request Bremtown's ACH information.

### OPTION 4: PAYMENT BY CREDIT CARD

How does this process work at Bremtown? Great question! If you choose this option for payment of your invoices, you will complete a Credit Card Authorization Form. Feel free to email [accounting@bremtown.com](mailto:accounting@bremtown.com) and request this form at any time. Once you return this form to us, your credit card information will remain on file at Bremtown in a secure location. This means that for any future invoices you receive from Bremtown, you can simply reply to the invoice email and ask us to charge your credit card on file. You will then receive a receipt for the transaction.

*IMPORTANT: There is a cost associated with credit card processing. If you choose this method of payment for your invoices, your 2% COD discount will be used to offset the credit card processing fees and will be reflected on your invoice.*

### OPTION 5: PAYMENT BY CHECK

Our preference would be using Option 1 or 2, however you can mail us a check or provide a check to the driver at time of your cabinet delivery! For parts invoices - once you receive an email with the invoice, feel free to drop a check in the mail for the amount due according to your agreed upon payment terms.

QUESTIONS REGARDING OUR PAYMENT OPTIONS? Contact our Accounting Office @ [accounting@bremtown.com](mailto:accounting@bremtown.com).

## CERTIFICATE OF PURCHASE FOR RESALE

The undersigned purchaser hereby certifies that all of the tangible personal property which is and shall hereinafter be purchased shall be for the purpose of resale as tangible personal property in the normal course of business. Purchaser assumes all liability for the collection and remittance of the state sales tax or use tax from the ultimate user or consumer.

State \_\_\_\_\_ State Tax ID \_\_\_\_\_

**IMPORTANT: PLEASE ATTACH A COPY OF YOUR SALES/USE TAX CERTIFICATE.**

Description of Business \_\_\_\_\_

General Description of Property: Cabinetry

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
PURCHASER'S SIGNATURE  
*By typing your name here, you authorize this field to act as your signature.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PURCHASER'S NAME (print)

\_\_\_\_\_  
TITLE

## DEALER PROFILE

Date \_\_\_\_\_  
Dealer Name \_\_\_\_\_ Website \_\_\_\_\_  
Showroom Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Design Software Used \_\_\_\_\_

### STAFF INFORMATION

**PRIMARY CONTACT:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Order Express User?  YES  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**STAFF MEMBER #2:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Order Express User?  YES  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**STAFF MEMBER #3:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Order Express User?  YES  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**STAFF MEMBER #4:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Order Express User?  YES  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**STAFF MEMBER #5:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Order Express User?  YES  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### SMALL PACKAGE (UPS) DELIVERY ADDRESS

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

### PRIMARY TRUCK DELIVERY ADDRESS

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Email \_\_\_\_\_ Contact Phone \_\_\_\_\_

### CABINET LINES IN YOUR SHOWROOM

Cabinet Line \_\_\_\_\_ Est Annual \$ Spending \_\_\_\_\_  
Cabinet Line \_\_\_\_\_ Est Annual \$ Spending \_\_\_\_\_  
Cabinet Line \_\_\_\_\_ Est Annual \$ Spending \_\_\_\_\_  
Cabinet Line \_\_\_\_\_ Est Annual \$ Spending \_\_\_\_\_



## PARTNERSHIP COMMITMENT

Bremtown recognizes that establishing a successful long-term business relationship requires a significant amount of commitment and effort by both parties. Bremtown is very selective about its business partners and enters into new business relationships with the expectations that the relationships will be long lasting and beneficial to both parties. Bremtown is committed to delivering quality, service and maintaining competitive prices for the life of the business relationship.

We thank you for the opportunity to present this non-binding proposal to form a dealership relationship. We have based the components of this proposal on our discussions over the past several weeks.

### TERMS AND EXPECTATIONS

**1. ANNUAL PURCHASE EXPECTATIONS AND PURCHASE FACTOR**

- a. Annual purchases are projected to be \$100,000 within a 12-month ramp-up period.
- b. Purchase landed multiplier will be applied at time of dealer establishment.

**2. TRAINING**

- a. Dealer commits to assign 1 person as the Bremtown Champion to be fully trained on Bremtown products, processes, and tools.
- b. Training process consists of six (6), one (1) hour training sessions scheduled in six (6) consecutive weeks either on-site or web based. Ongoing training will be provided as necessary to update on new programs and products.
- c. The dealer commits to place its first cabinetry order within 60-days of account establishment or end of training.

This Proposal is not intended to bind Bremtown Cabinetry or Dealer in any way. Rather, this Proposal is solely a summary of terms upon which Bremtown Cabinetry would consider entering into a dealer relationship and is intended to serve merely as a guide.

Thank you again for your time and consideration. We are excited to begin this partnership.

Dealer \_\_\_\_\_ Title \_\_\_\_\_  
*By typing your name here, you authorize this field to act as your signature.*

Bremtown Sales Rep \_\_\_\_\_  
*By typing your name here, you authorize this field to act as your signature.*

Date \_\_\_\_\_