



Fong Kai USA, Inc.
 1461 Exchange Drive
 Richardson, Texas 75081-2315 Tel: (972) 644-1584 Fax: (972) 644-5343

Dealer Application

Company Name: _____		Contact _____	
Address: _____		Terms You Are Requesting	
_____		<input type="checkbox"/> C.O.D. Company Check <input type="checkbox"/> Cash, Pre Pay or Wire <input type="checkbox"/> Net-Terms 10 / 15 / 30	
Tel: _____	Fax: _____		
Date Established: _____	Federal ID No.: _____		
Nature of Bus.: _____	Annual Sales: _____		
Bank Name: _____	Tel: _____	Fax: _____	
Address: _____	Account Number: _____		
		Bank Contact: _____	

(Check One)

Sole Proprietorship
 Partnership
 Corporation in the State of _____

Trade References

(Or attach your own sheet and sign below)

Firm Name: _____	Firm Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Tel: _____ Contact: _____	Tel: _____ Contact: _____
Account # & Terms: _____	Account # & Terms: _____
Firm Name: _____	Firm Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Tel: _____ Contact: _____	Tel: _____ Contact: _____
Account # & Terms: _____	Account # & Terms: _____

This application will be used by FKI for the purpose of checking and establishing credit. The officer signing below agree's to comply with the terms set forth and also agree to pay all monies owed to FKI for merchandise received. Customer also agrees to pay FKI, as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should a customer default in any such payment(s), FKI shall have the right, without notice to the Customer, to declare all invoice amounts due and payable whether current or not. In the event FKI should commence any legal action or actions, or otherwise seek to enforce this agreement against the Customer or any Guarantor, Customer agree's to pay all costs of collection, including reasonable attorney(s) fees and court costs, and other reasonable expenses incurred by FKI whether or not suit is filed. All returned checks will be charged a \$20.00 fee. This agreement is not transferable or assignable without the prior written consent of an officer of FKI. This agreement shall become effective upon acceptance by FKI.

By signing below, I authorize the above Banking and Trade References to release all Credit information to FKI and Certify the above information is True and Correct.

Printed Name: _____ **Title:** _____
Signature: _____ **Date:** _____