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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Vendor Application Form | | | | | | | |  | |
| Thank you for your interest in Option Lab Wheels. Please fill out the form below and return to [vendor@optionlab.net](mailto:vendor@optionlab.net). We will process your application form ASAP. | | | | | | | |
| BUSINESS INFORMATION | | | | | | | | | |
| Company Name |  | | | | | | | | |
| DBA |  | | | | | | | | |
| Mailing Address |  | | | | | | | | |
| City |  | | | | | **State/Zip** | |  | |
| Shipping Address |  | | | | | | | | |
| Phone Number |  | | | | **Fax Number** | | |  | |
| Website |  | | | | | | | | |
| Reseller Permit Number | |  | | | | | | | |
| Main Contact |  | | **Email Address** | | | |  | | |
| Accounting Contact |  | | **Email Address** | | | |  | | |
| Type of Business | Warehouse Distribution | | | Store Front | | | | | E-Commerce |

## Additional Information

**Please submit a copy of the current Business License and State Reseller Permit.**

**ORDERS** – Purchase Orders shall be placed by phone with sales representative or email sent to [orders@optionlab.net](mailto:orders@optionlab.net). We will try our best to ship out the order the same business day it is placed. Cancellation of placed Purchased Order maybe subjected to cancellation fee if order has been picked out. Orders placed after noon time (PST), might be shipped out the following day.

**PAYMENTS** – Unless approved by Accounting Department, payment for all order must be made in full prior to product(s) leaving the warehouse. Acceptable forms of payment are Cash, Checks, Cashier’s Check and Credit Card payment. All checks shall be made payable to “Option Lab Wheels”

**PRICING** – All quoted price is based on cash payment. If notified by Accounting Department, payment by Credit Card may be subjected to processing fee of 3%.

**RETURNS** – All returns are subject to 20% Restocking Fee. Returns will be credited to the customer’s account to be applied against the original invoice or used for future purchases after return inspection which may take up to 5 business days. No Cash Refunds will be given on returns. Please obtain Return Merchandise Authorization (RMA) number from Sales Representative. Returns without RMA number will not be accepted. Warranty claim, mis-box and mis-shipment by Option Lab Wheels are not subjected to restocking fee.

**SAMPLES** – Display sample product(s) can be supplied as necessary. Please submit photograph of storefront and intended location of display of product. Vendor will pay for associated transportation charges to and from warehouse. If necessary, product will be recalled, and Option Lab Wheels will pay for transportation charges. If the returned sample product is not in the same condition as initially obtained, or is missing packaging material, vendor will be charged for the product as standard purchase order.

|  |  |  |  |
| --- | --- | --- | --- |
| DECLARATION | The above information I have provided is true and correct at the time of submission. I have read, understood, and agreed to the above statements. | | |
| Print Name |  | **Title** |  |
| Signature |  | **Date** |  |

## Optional Information

|  |  |
| --- | --- |
| How did you hear about us? |  |
| Name of Sales Rep |  |

End of New Vendor Application Form

|  |  |
| --- | --- |
| CONTACT INFORMATION | |
| Email Address | Form Submission – vendor@optionlab.net |
| Email Address | General Inquiry – info@optionlab.net |
| Phone Number | (800) 311 - 8358 |

If you wish to leave your credit card information on file, please fill out the [Credit Card Authorization Form](#CreditCard) below.

If you wish to apply for Credit, please fill out the [Standard Credit Application Form](#CreditApplication) below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Credit Card Authorization Form | | | |  | |
| Please fill out the form below if you wish leave a credit card on file for any product(s) purchased. Please email filled form to [accounting@optionlab.net](mailto:accounting@optionlab.net). We will process your application form ASAP. | | | |
| CREDIT CARD INFORMATION | | | | | |
| Card Type | MasterCard | Visa | | | American Express |
| Card Holder Name |  | | | | |
| Card Number |  | | | | |
| Expiration Date |  | **Security Code** |  | | |
| Billing Address |  | | | | |
| Card Issuing Bank |  | | | | |

I hereby authorize Origin Spec Inc. to charge my credit card listed above for purchase made. I understand the information will be saved for future transactions on my account. I have the right to cancel the authorization at any time by contacting the Accounting Department. The authorization will remain in effect until cancelled.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name |  | | |
| Signature |  | **Date** |  |

End of Credit Card Authorization Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Standard Credit Application Form | | | | | | | | |  |
| Please fill out the form below if you wish to apply for a credit. Please email filled form to [accounting@optionlab.net](mailto:accounting@optionlab.net). We will process your application form ASAP. | | | | | | | | |
| BUSINESS INFORMATION | | | | | | | | | |
| Company Name |  | | | | | | | | |
| DBA |  | | | | | | | | |
| Primary Address |  | | | | | | | | |
| City |  | | | | | | **State/Zip** | |  |
| Federal Tax ID Number | |  | | | **Phone Number** | | | |  |
| Length at Current Address | | |  | | | | **Premises** | |  |
| Estimated Annual Volume | | | $ | | | | | | |
| Minimum Credit Required | | | $ | | | | | | |
| PRINCIPAL INFORMATION | | | | | | | | | |
| Name |  | | | | | | **Position** | |  |
| Home Address |  | | | | | | | | |
| City |  | | | | | | **State/Zip** | |  |
| Phone Number |  | | | | **Social Number** | | | |  |
| BANK INFORMATION | | | | | | | | | |
| Bank Name |  | | | | | | | | |
| Bank Address |  | | | | | | | | |
| City |  | | | | | | **State/Zip** | |  |
| Point of Contact |  | | | **Email Address** | | | |  | |
| TRADE REFERENCES | | | | | | | | | |
| Company Name |  | | | | | | | | |
| Primary Address |  | | | | | | | | |
| City |  | | | | | | **State/Zip** | |  |
| Phone Number |  | | | | | **Fax Number** | | |  |
| Main Contact |  | | | **Email Address** | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name |  | | | | | |
| Primary Address |  | | | | | |
| City |  | | | **State/Zip** | |  |
| Phone Number |  | | **Fax Number** | | |  |
| Main Contact |  | **Email Address** | | |  | |
| Company Name |  | | | | | |
| Primary Address |  | | | | | |
| City |  | | | **State/Zip** | |  |
| Phone Number |  | | **Fax Number** | | |  |
| Main Contact |  | **Email Address** | | |  | |

## The Fine Print

**CREDIT LIMITS** – Credit Limit established will be based on information supplied, and reports from other parties. Credit limit requests of $10,000.00 or higher requires two most recent Fiscal Year End Financial Statements and annual remit of Finance Statement may be required. Accounts in excess of their credit limit may be on hold until balance is paid down. All Customers are required to provide updated information periodically as requested or when a change of information has occurred. Credit Limits are subject to revocation without advanced notice.

**TERMS** – Net EOM 10 – Unless otherwise noted, standard term offered is NET EOM 10. Payment must be made within 10 days of month-end. Claims arising from invoices must be made within ten business days.

**PAST DUE ACCOUNTS** – All payments are due on the 10th of every month. Balances are considered past due if unpaid by the 11th. Shipment to a past due account must be approved by Accounting Department.

**SERVICE CHARGES** – Service charges will be added at a rate of 1% per month on all past due balances. Any unpaid service charge will be considered past due.

**RETURNED CHECKS** – All Negotiable Items (checks, money orders, etc.) returned from the Bank as Unpaid for any reason, will result in a Service Charge of at least $20.00 per item to your account. Two or more returned checks within a twelve month period WILL VOID the account’s credit limit and will restrict it to COD (Cash on Delivery) only. We reserve the right to refuse to accept checks at any time.

**PRIVACY INFORMATION** – All information collected in the credit application is for the sole purpose of obtaining credit information. We will not disclose your personal information to any third party for any purpose without your written consent.

I have read, understood, and agreed to the above statements.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | **Date** |  |

## **Please provide a copy of clear, valid, and state issued photo identification. Photo and Signature must be visible.**

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|  |

## Authorization to Provide Information

I hereby authorize our Bank/Creditor(s) to provide relevant information to Origin Spec Inc. to allow Accounting Department to determine highest possible credit limit for my account.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name | |  | | | |
| Primary Address | |  | | | |
| Federal Tax ID Number | | |  | | |
| Signature |  | | | **Date** |  |

Information below is only required for personal guarantee use.

## Authorization to Obtain Credit Report

I hereby authorize Origin Spec Inc. to obtain a Credit Report and/or other Background Report as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name |  | **Social Security Number** | |  |
| Home Address |  | | | |
| Signature |  | | **Date** |  |

End of Standard Credit Application Form