



BGRIFF ENTERPRISES

PO BOX 2450 ~ The Dalles, OR ~ PHONE 208-316-8811 ~ FAX: _____

DEALER APPLICATION

Please fill out the information below to establish a dealership with Smart Lotion & BGRIGG Enterprises to purchase our merchandise and products.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Entity: _____ Corporation _____ Partnership _____ Sole Proprietorship _____ Other

Owner/President: _____

Tax ID #: _____

Re-Sale Permit #: _____

Representative: _____

Purchasing Contact: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Store Hours: _____ Years in Business: _____

Trade References:

Company: _____ Company: _____

Contact: _____ Contact: _____

Phone: _____ Phone: _____

Financial References:

Bank Name: _____ Bank Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Type of Acct: _____ Type of Acct: _____

Acct #: _____ Acct #: _____

The Applicant herein applies for a dealership with Smart Lotion & BGRIFF Enterprises and acknowledges that he/she:

1. Understands that as a Dealer, they are an independent business responsible for their own record keeping and are not an employee of the Company, and that all remuneration received from the Company is related solely to the sales of products and merchandise.
2. Understands that any advertising or promotional material must be approved by the Company to ensure that no claims are made pertaining to the product that are inconsistent with product usage and guarantees.
3. Agrees that nothing in this Agreement shall be construed in any manner as to make either party the agent or legal representative of the other party for any purpose whatsoever. Neither party shall have any authority, whether expressed or implied, to assume, create or incur any obligation or liability whatsoever on behalf, or in the name of the other party, or to bind the other party in any manner.
4. Understands that the Company shall not be liable for any damages, loss, cost or expenses including incidental or consequential damages of Applicant. Applicant's sole remedy against the Company shall be that the Company shall, at the Company's discretion, replace any defective product within a reasonable time or refund of any amount paid in connection with such product.
5. Authorizes all Trade References and Financial References to disclose information to company.
6. Acknowledges that misrepresentation of information provided by applicant to the Company is considered willful, fraudulent and immediately terminates this agreement.
7. I authorize Smart Lotion & BGRIFF Enterprises permission to list Applicant as a dealer of products and merchandise on their personal home page websites.

Applicant's Signature/Title: _____ **Date:** _____

! Applicant will pay by credit card: ___ VISA ___ MasterCard ___ AMEX ___ Discover
Credit Card Number: _____ Exp. Date: _____

! Applicant desires to obtain standard credit terms. Terms are not available for 30-120 days.

! COD. COD is not available.

Company Use:

Approved by: _____