



# INTERNATIONAL DEALER APPLICATION

Quality Bicycle Products is a wholesale distributor dedicated to serving the Independent Bicycle Dealer with quality products, services, and solutions. This application process is the first step in developing a partnership with QBP. QBP will only sell products to qualified accounts, and will not open an account that does not meet our criteria. QBP reserves the right to close an account for any reason, including failure to provide true or complete information on this application, or failure to use a professional and respectful demeanor when communicating with QBP staff.

The following materials are **REQUIRED** and must be submitted for review in order to be considered for a new account:

- A current phone bill showing your company name
- This application completed fully and signed
- Photos of your commercial location, including: signage, sales, service, and/or manufacturing areas

**Please note that providing additional information can expedite the approval process.**

Examples of optional materials you may wish to include are your business plan, advertising materials and/or business related invoices.

Please send to:  
**International Dept.**  
 Quality Bicycle Products  
 6400 West 105th Street  
 Bloomington, MN, USA  
 55438-2554  
 Phone: 952-941-9391  
 Fax: 952-941-9799  
 Email: intlcs@qbp.com

Legal business name \_\_\_\_\_

Please circle Partnership Individual Corporation: Year \_\_\_\_\_ Number of years in business \_\_\_\_\_ Number of locations \_\_\_\_\_

Bike lines stocked \_\_\_\_\_

Do you sell: On the Internet?  Yes  No Via mail order?  Yes  No How do you prefer to receive invoices?  Email  Fax  Mail  None

Billing address _____ <small>Mailing Address</small>	Shipping address* _____ <small>Primary Location</small>
City _____ Country _____ Postal Code _____	City _____ Country _____ Postal Code _____
Phone ( ) _____ Fax ( ) _____	Phone ( ) _____ Fax ( ) _____
Email (Required) _____	Website _____

Billing contact name \_\_\_\_\_ Manager's name \_\_\_\_\_ Buyer's name \_\_\_\_\_

\*If there is more than one shipping location, please attach a separate sheet listing all locations and note which is the primary

Owner or principal's name\* \_\_\_\_\_

\*If there is more than one owner, please attach a separate sheet listing additional information

Home address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

### Terms and Conditions

Upon receipt and approval of this form orders may be placed and sent with credit card (MC/VISA only) terms.

Orders under \$1,000.00 are subject to a minimum order charge.

If this account is placed with a collection agency or attorney for collections, the undersigned agrees to pay any and all collection fees.

By signing I certify that the information provided herein is true and correct

Printed Name

Title

Date

**Your application will not be processed until ALL information is received.**