

Your Guide to Creating a Successful Partnership with QBP

Thank you for your interest in establishing an account with QBP. We offer frame builders and bike manufactures unique products, quality services and innovative solutions. With our wide variety of components and vast product selection, we have the components and parts you need to complete a full build. With QBP's high fill rate, unmatched order accuracy, and world-class customer service, you can boost efficiency and grow your business without having to invest heavily into inventory.

Plus, with a QBP account you may be able to take advantage of:

- **OEM Pricing**
- **Brands exclusive to QBP**

As a part of the application process, we ask you to comply with a few account guidelines. We strive to keep a level playing field for independent bicycle dealers, and will do the same for you. To ensure a long lasting partnership we ask that you:

- **Purchase products only with the intent of building frames into complete bicycles.** These products should never be resold as individual parts through any sales channel.
- **Demonstrate a full-time commitment to your business.** We cannot open an account if you build bikes as a hobby or for a secondary source of income. You must run a bona fide, legally established business in a dedicated space for building bikes. The space cannot be part of your residence.
- **Operate a face-to-face sales channel.** QBP does not partner with online-only shops, manufacturers or frame builders.

Over the years, independent frame builders, manufacturers and bike shops have consistently demonstrated their dedication to our industry through ongoing advocacy and the best possible representation of the products we distribute. That's why we value you as a customer, and will work hard to help your business grow and thrive. We look forward to building a long lasting partnership with you.

Please take a moment to complete the application included here. After we receive it, we'll contact you and take the next step toward creating your account. Once again, thank you for your support of QBP.

Sincerely,

QBP Account Service Team

Quality Bicycle Products is a wholesale distributor dedicated to serving Independent Bicycle Dealers 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:

- This application completed fully and signed
- Tax ID and sellers license
- A copy of your certificate of liability insurance
- The Uniform Sales & Use Tax Certificate filled out and signed or your state form if not listed on the federal form
- Photos of your commercial location, including: signage, sales, service and/or manufacturing areas

Please return your completed application to:

New Accounts
Quality Bicycle Products
6400 W. 105th St.
Bloomington, MN
55438-2554

Phone: 800-346-0004

Fax: 800-727-5955

Email: accountmaintenance@qbp.com

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.

Legal business name _____ How do you prefer to receive invoices? Email Fax Mail None

Please circle: Partnership Individual Corporation

Number of years in business _____ Number of frames produced/assembled per calendar year _____

Do you sell: on the Internet? Yes No

Billing address _____
 (Mailing Address)

Shipping address* _____
 (Primary Location)

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Phone _____ Fax _____

Email _____

Website _____

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

Billing contact name _____ Manager's name _____ Buyer's name _____

Billing contact email _____ Manager's email _____ Buyer's email _____

Owner or principal's name* _____ SS# _____

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

Home address _____ City _____ State _____ Zip _____

Email _____ Home phone _____ Cell phone _____

Terms and Conditions

It is agreed that a service charge of 1-1/2% per month may be charged on all delinquencies, or the highest rate permitted by prevailing state law, whichever is lower. In the event your account requires legal action or the service of a collection agency, you are responsible for all fees that accrue from such action. If your check is returned by the bank as uncollectable, a \$30.00 service charge will be added to your account and your account terms will be changed to credit card. QBP reserves the right to change your account terms at any time. If you wish to apply for Net 30 terms, please submit a credit application and personal guarantee in addition to your new account application.

By signing I certify that the information provided herein is true and correct and I am authorized to execute this agreement on the businesses behalf.

 Authorized signature

 Printed name

 Title

 Date

- By clicking this box and providing my electronic signature, I affirmatively attest that I have read, clearly understand and agree to the terms and conditions noted in the application on behalf of the applicant. The responses and information provided herein are complete, accurate and truthful. I am authorized to execute this application.**

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$													
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DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER Quality Bicycle Products 6400 W. 105th St. Bloomington, MN 55438-2554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.