

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.

**REQUIRED CHECK LIST:**

- Completed and signed dealer application
- Certificate of liability insurance with QBP listed as a holder
- A current phone or utility bill for the business, clearly listing the business name and retail address
- Photos of your business location including storefront with signage, sales floor/merchandising and repair/mechanics area

**Please return your completed application to:**

[www.qbp.com/page/intl\\_dealer\\_application](http://www.qbp.com/page/intl_dealer_application)

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

**Phone: +1-952-941-9391**

**Fax: +1-952-941-3304**

**Due to security concerns do not send applications by e-mail**

**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.

**BILLING INFORMATION (required)**

Legal business name \_\_\_\_\_ PST# or HST (required) \_\_\_\_\_  
 Retail business name \_\_\_\_\_  
 Brands stocked \_\_\_\_\_  
 Number of years in business \_\_\_\_\_ Number of locations \_\_\_\_\_  
 Website address \_\_\_\_\_  
 Social media address (facebook/twitter) \_\_\_\_\_  
 Do you sell on the internet?  Yes  No      Via mail order?  Yes  No  
 Billing address (mailing address) \_\_\_\_\_  
 City & postal code \_\_\_\_\_ Province \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Skype ID \_\_\_\_\_ Billing contact name \_\_\_\_\_  
 E-mail address (required) \_\_\_\_\_

**PRIMARY SHIPPING INFORMATION (required)**

Primary shipping address (primary retail location) \_\_\_\_\_  
 City & postal code \_\_\_\_\_ Province/State \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address (required) \_\_\_\_\_  
 Manager name \_\_\_\_\_ Buyer name \_\_\_\_\_

**CUSTOMS BROKER INFORMATION (optional)**

Customs broker (company name) \_\_\_\_\_  
 Customs broker (contact name) \_\_\_\_\_  
 Customs broker contact phone number \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Your customs broker account number \_\_\_\_\_  
 Note/special instructions \_\_\_\_\_

**ADDITIONAL SHIPPING INFORMATION (optional)**

Secondary shipping address (secondary retail location) \_\_\_\_\_  
 City & postal code \_\_\_\_\_ Province/State \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Manager name \_\_\_\_\_ Buyer name \_\_\_\_\_

**FREIGHT FORWARDER INFORMATION (optional)**

Freight forwarder (company name) \_\_\_\_\_  
 Freight forwarder shipping address \_\_\_\_\_  
 City & postal code \_\_\_\_\_ Province/State \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Freight forwarder contact name \_\_\_\_\_  
 Forwarder contact e-mail address \_\_\_\_\_

**OWNERSHIP INFORMATION (required)**

Owner or principal's name\* \_\_\_\_\_  
 Owner or principal's SIN \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City & Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Home telephone \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 E-mail address \_\_\_\_\_

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

**Terms and Conditions**

Upon receipt and approval of this form, orders may be placed and sent with a credit card (Master Card/Visa/Discover only) terms.

If you wish to apply for credit terms, please submit a Canadian Credit Application in addition to your Account Application.

Orders under \$300.00 USD 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.

Invoices will be provided via e-mail. Please ensure that accurate e-mail addresses are noted for delivery of account invoices.

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.

**/S/** \_\_\_\_\_

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.**