



381 Joseph-Huet, Boucherville, Québec, Canada J4B 2C5 (450) 449-9094  
E-mail: <info@icare-rc.com> FAX: (450) 449-3497  
Web : <http://www.icare-rc.com>

**Dear Hobby Dealer:**

In order to apply for dealership with ICARE/IKARUS, **please complete this Dealer Application and return it with a copy of your State Resale Tax Certificate or merchant ID #.**

We require that you own a well-established business, hobby shop or mail order. Please provide us with (3) references where you have dealer account and your business sales tax ID.

We only require that dealers purchase on a regular basis.

All orders are prepaid prior shipment, by credit card, bank transfer, check or money order.

Shipping occurs Parcel Post Airmail, or Xpress post, UPS or FedEx if required.

If you would like to place an order with this application, it will be sent out Pre-paid. When your credit is approved, all orders will be sent out under our standard terms.

---

**DEALER APPLICATION**

Store Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Email Address \_\_\_\_\_

State Retail Tax No. \_\_\_\_\_ State \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

Years in business at this location \_\_\_\_\_

Annual Retail Volume \_\_\_\_\_

Form of Business \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor

Type of Business \_\_\_\_\_ Distributor/Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Manufacturer

Nature of Business \_\_\_\_\_

Purchasing Manager \_\_\_\_\_

**Owner/Officer**



381 Joseph-Huet, Boucherville, Québec, Canada J4B 2C5 (450) 449-9094  
E-mail: <info@icare-rc.com> FAX: (450) 449-3497  
Web : <http://www.icare-rc.com>

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please use a separate piece of paper if necessary to list all Owners.

### Bank Information

Bank name \_\_\_\_\_ Business Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Acct. No. (Business Only) Checking \_\_\_\_\_ Savings \_\_\_\_\_

### Trade References

**Company name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account Status \_\_\_\_\_

Type of Product \_\_\_\_\_

**Company name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account Status \_\_\_\_\_

Type of Product \_\_\_\_\_

**Company name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account Status \_\_\_\_\_

Type of Product \_\_\_\_\_



381 Joseph-Huet, Boucherville, Québec, Canada J4B 2C5 (450) 449-9094  
E-mail: <info@icare-rc.com> FAX: (450) 449-3497  
Web : <http://www.icare-rc.com>

I hereby acknowledge that the above information is true and correct. I understand and acknowledge that placing an order with MPI constitutes doing business in Quebec, Canada and is therefore subject to the laws of the Province of Quebec, Canada.

I agree to pay the Net Invoice Total in full within term of invoice date. I acknowledge that a Finance Charge of 1.5% monthly (18% Annual Percentage Rate) will be added to my balance should I become delinquent. In the event that this account becomes delinquent and is turned over to a collection agency or attorney, I agree to pay collection fees and/or attorney fees and court costs and any other reasonable expenses incurred by ICARE/IKARUS as a consequence of my failure to pay.

I authorize ICARE/IKARUS to make whatever credit inquires that it deems necessary relative to this credit application. I authorize and instruct any person or credit reporting agency to compile and furnish ICARE/IKARUS any information that it may have or obtain in response to such credit inquires and agree that such information, along with this application, shall remain the property of ICARE/IKARUS whether or not credit is extended.

**Signature** \_\_\_\_\_ **Position** \_\_\_\_\_

**Date** \_\_\_\_\_

**Note: Application cannot be processed without signature.**

I hereby personally guarantee any indebtedness to ICARE/IKARUS incurred by:

\_\_\_\_\_  
Corporation/LLC Name

\_\_\_\_\_  
Individual Guarantor/Owner

\_\_\_\_\_  
Individual Guarantor/Owner

**Corporations and LLC Only:**

A Corporation/LLC application must be signed by the owners as personal guarantors of all purchases made by the corporation in order to receive a positive review.

(Corporate Seal)

If this is a new business, please give us a brief description of your business plan, product lines you plan to carry, applications to other distributors in progress. For on-line based business, we need your web address.



381 Joseph-Huet, Boucherville, Québec, Canada J4B 2C5 (450) 449-9094  
E-mail: <info@icare-rc.com> FAX: (450) 449-3497  
Web : <http://www.icare-rc.com>

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**For Office Use Only**

**Date Received** \_\_\_\_\_

**Process Date** \_\_\_\_\_

**Result** \_\_\_\_\_

**Terms** \_\_\_\_\_

**Other Notes:**