



chaincondom.com

Chain Condom

Dealer Application

If your business is involved in the sale of bicycles and/or bicycle parts and accessories and you're interested in carrying the Chain Condom, please fill out the application and submit it by email to **sales@chaincondom.com** or fax at **775-890-0389**. This form has fillable fields that can be completed in a word processing program, or it can be hand written.

Company name: _____

Physical address (number and street): _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Shipping address: _____
(You may put "same")

Billing address: _____
(You may put "same")

Telephone(s): _____

Email: _____ Website address: _____

Primary contact person name: _____

Primary email: _____ Primary phone: _____

Others authorized to submit orders: _____

My signature below indicates that I am authorized to represent the entity named above and that I (and/or the entity I am authorized to represent) agree to the following:

- I, and/or the entity I am authorized to represent, will sell the Chain Condom at the current suggested retail price.
- I, and/or the entity I am authorized to represent, will ensure that payment is made promptly (within 30 days) as agreed in email or otherwise in writing, by check, credit card, or PayPal.
- I, and/or the entity I am authorized to represent, will pay a \$25.00 additional charge if my check is returned for non-payment, and will pay interest as noted on my invoice if my account is 45 days or more past due.
- Chain Condom reserves the right to discontinue sales to any dealer at its sole discretion.

Authorized signature _____
(An electronic signature is acceptable)

Date _____

Please print name _____