

Account Application

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1. GENERAL INFORMATION

Salesperson _____

New Account Existing Account Game Store Toy Store Internet Other

Applicants Legal Business Name _____

Billing/ Mailing Address _____

Street or P.O. _____ City/State/Zip _____

Shipping Address (if different) _____

Street _____ City/State/Zip _____

Store Phone _____ Office Fax _____

Office Phone or Cell _____ 24 Hour Emergency Phone _____

E-Mail Address _____ Web Site Address _____

Your shipping address is zoned for: Commercial Residential (UPS/ FedEx Residential \$4.00 per box surcharge applied)

Purchase Order Required: Yes No

Preferred Terms: ACH payments Credit Card COD Cash COD Check Net Terms

Type of Operation	<input type="checkbox"/> Brick and Mortar – ANA# _____	<input type="checkbox"/> Amazon Seller (name) _____
(Check all that apply)	<input type="checkbox"/> Internet Seller	<input type="checkbox"/> Wizard’s Play Network <input type="checkbox"/> Other (specify) _____

Date Established _____ How many stores do you operate? _____

Order Intentions
<input type="checkbox"/> My intentions are to place an order monthly <input type="checkbox"/> My intentions are to purchase periodically
I would like to begin ordering in the month of _____ Estimated amount at retail \$ _____/per yr

2. PROPRIETORS, PARTNERS, PRINCIPAL SHAREHOLDERS or CORPORATE OFFICERS

Sole Proprietor Partnership Corporation (State of Inc. _____ FEIN # _____)

Name & Title _____ Telephone & Cell _____

Social Security # (required) _____ Home Address _____

Please indicate the names of any additional individuals who are eligible and authorized to purchase on behalf of the owners.

Contact #1 _____ Title _____

Phone _____ Cell Phone Email _____

Contact #2 _____ Title _____

Phone _____ Cell Phone Email _____

Contact #3 _____ Title _____

Phone _____ Cell Phone Email _____

Please submit additional authorized contacts on a separate page.

3. INFORMATION - REQUIRED

Please include legible photocopies of the following licenses with your application:

- Your State Sales Tax License** – MUST MATCH THE APPLICANT’S LEGAL BUSINESS NAME
- Your Business License** – MUST MATCH THE APPLICANT’S LEGAL BUSINESS NAME

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4. REFERENCE – Required

TRADE REFERENCES-NO PERSONAL, CHARACTER OR PRE-PAY REFERENCES, PLEASE.

Please list wholesale gaming distributors or gaming manufacturers first for consideration of terms.

Company Name _____ Contact Name _____

Address _____ Account # _____

Company Name _____ Contact Name _____

Address _____ Account # _____

BANK REFERENCES (ONE REQUIRED)

Bank Name _____ Contact Name _____

Branch Address _____ Account # _____

Branch Phone # _____ Branch Fax # _____

Account Type Savings Checking

Bank Name _____ Contact Name _____

Branch Address _____ Account # _____

Branch Phone # _____ Branch Fax # _____

Account Type Savings Checking

5. APPLICANT AGREEMENT and RELEASE FORM

By signing this credit application/agreement, the individuals executing this Application below on behalf of the Buyer, individually and personally, represents and warrants to ACD Distribution, LLC that 1) he/she is authorized to execute this Application on behalf of the Buyer; 2) the information set forth in this Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with ACD Distribution, LLC will be entitled to recover its costs, including attorneys' fees, collection agency fees from the other party; and 4) any legal action brought by Buyer will be in the jurisdiction of Wisconsin, and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of Wisconsin apply.

Buyer agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month: 18% per annum, or the maximum judicial rate, whichever is less. Buyer agrees to pay \$20.00 for each check issued by Buyer to ACD Distribution, LLC which is returned to ACD Distribution, LLC unpaid or marked NSF. In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and others that ACD Distribution, LLC becomes aware of during the credit review process and from time to time. The undersigned also understands that ACD Distribution, LLC will retain this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

In order for ACD Distribution, LLC to sell and to continue to sell to Buyer, Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer.

Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on the credit application/agreement overrides all others.

PERSONAL GUARANTEE The individual(s) by signing this credit application/agreement is executing the Application on behalf of the Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of any and all of Buyers' obligations under this Application with ACD Distribution, LLC, including timely payment of any and all sums due to ACD Distribution, LLC. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

Printed Name _____

Signature (do not use title) _____ Date _____

(Electronic signatures cannot be accepted)

Printed Name _____

Signature (do not use title) _____ Date _____

(Electronic signatures cannot be accepted)

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BLANKET RESALE CERTIFICATE

ACD Distribution, LLC Credit Application for _____
(Company Name)

Issued to: ACD Distribution, LLC
3129 Deming Way
Middleton, WI 53562

We, _____

whose business address is _____
Street (Suite No.)

City State Zip

certify that we are purchasing products from ACD Distribution LLC for the purpose of resale. We are not the ultimate user and have been granted a State Sales Tax Number by the State of _____.

Our State Sellers Permit Number is: _____.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as is every material matter.

Social Security Number: _____
Or

Federal Identification Number: _____

Authorized Signature: _____
(Owner, Partner, or Corporate Officer)

Title: _____ Date _____

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CUSTOMER CREDIT CARD AUTHORIZATION

Yes, I would like my credit card on file to pay for purchases. *(Fill out and sign this page.)*

No, I prefer not to use my credit card. *(Skip the remainder of this page.)*

By completing this authorization form, you are authorizing ACD Distribution LLC to charge your credit card for purchases at the time of shipment. This authorization must be completed and signed before we can process your credit card payments. **Note that we only accept VISA and MasterCard credit cards.**

Business Name _____ ACD Account # _____

Business Phone Number _____

Credit Card Number _____

Expiration (MM/YY) _____ Visa Mastercard

Card Holder Name (As Printed On Card) _____

Card Holder Signature _____

Credit Card Billing Address (Street) _____

Credit Card Billing Address (City, State, Zip) _____

_____ **Keep account terms as is. Use credit card only when specified.**

_____ **Account terms are CREDIT CARD ONLY.** **Primary Card** **Secondary Card.**

I, _____ hereby authorize ACD Distribution to collect payment by processing a request to the above referenced credit card. I understand that ACD Distribution will not be responsible for any bank charges when a debit card is submitted for payments. If credit card charge is denied, ACD will hold the shipment until authorization of other means of payment is processed.

Signature of Authorized Signer on Account

Date

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Authorization Agreement for Automated Clearing House Payments

(Direct Debits for Collection of Payments)

- Yes**, I would like my financial institution on file for direct debits. *(Fill out and sign this page.)*
 No, I prefer not to use direct debit. *(Skip the remainder of this page.)*

Business Name _____ ACD Account # _____

Financial Institution _____

City _____ State _____ Zip _____

Routing and Transit Number/ ABA Number _____

Account Number _____

Account Type: Business Personal

*****Please attach a copy of a voided check*****

I hereby authorize ACD Distribution, LLC to initiate debit entries for variable amounts to my checking account indicated below to pay for the shipment of merchandise.

This authority is to remain in full force and effect until ACD Distribution, LLC receives written notification from me of its termination in such time and in such manner as to afford ACD Distribution, LLC a reasonable opportunity to act on it.

Signature of Authorized Signer on Account

Date

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GENERAL TERMS AND CONDITIONS

ALL SALES ARE FINAL

Payment Terms:

- COD Guaranteed: Cashier's Check or Money Order only
- COD Standard: Company Check, Cashier's Check, or Money Order
- Credit Card: Payment must be made at the time of purchase
Visa and Mastercard only
- Net Terms: Company Check, Cashier's Check, or Money Order
- ACH: Automatic Clearing House (also known as EFT)

Shipments for overdue accounts will be sent COD Guaranteed. Use of a credit card to pay for Net Terms shipments will incur a 1% Administrative fee and forfeiture of the 1% cash discount. Checks or EFT payments returned due to insufficient funds will incur a \$20.00 fee, and the account could be placed on COD Guaranteed terms. Overdue balances are subject to finance charges of 1.5% per month. All terms and conditions are subject to the laws of the State of Wisconsin.

Returns/Adjustments:

All claims for returns, adjustments or shortages should be reported within seven (7) days of the receipt of the shipment by emailing RMA@acdd.com or contacting your sales representative. When returning product to ACD for any reason, you will be assigned an RMA (Return Merchandise Authorization) number. Product returned to ACD must be properly packaged to prevent loss or damage in transit. Once the product has been received and the RMA processed, a credit will be issued.

Customers receiving freight shipments must inspect the packages and note any damages on the bill of lading at the time of delivery. Only by doing this, will ACD be able to obtain a credit on your behalf.

Shipments refused at time of delivery without prior authorization will incur a 15% restocking fee.

ACD appreciates the customer's honesty in reporting the receipt of any merchandise for which the customer is not billed.

Terms and Conditions are subject to change without notice.
If you have any questions, please contact your sales representative.

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3129 Deming Way, Middleton, WI 53562
1-800-767-4263 (608) 203-9900 Fax: 608-203-9905

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GENERAL PRICING AND SHIPPING INFORMATION

Discounts:

Standard Discount	Quarterly Purchases
47%	\$0 - \$8,999
49%	\$9,000 - \$24,999
50%	\$25,000 or more

Discounts are evaluated on January 1, April 1, July 1, and October 1. New accounts will be opened at the 47% discount. All published pricing assumes a cash discount. The cash discount is currently 1% of the total of the invoice. Customers paying with a credit card will not be entitled to the cash discount. Discounts may vary by manufacturer. Discounts may vary between product lines of a manufacturer. A list of Manufacturers and their standard discount is available on request. Some items may be listed as a Short Discount Item (SDI) or a Net Priced Item (NPI).

Shipping:

- Orders less than \$350 will be subject to published shipping charges.
- Orders greater than \$350 will be eligible for free shipping* from primary warehouse.
- Orders greater than \$500 will be eligible for free shipping* from primary warehouse and up to two other locations. Shipments of less than \$25 from any warehouse will not be eligible for free shipping.

* The following shipping fees cannot be waived:

COD fee - \$12.50 per shipment

Residential fee - \$4.00 per box

Delivery Area Surcharge fee - \$4.00 per box

When an incorrect address, such as suite number, zip code, etc. is given to ACD, the customer will be responsible for address correction fees charged by the carrier and re-shipping fees if required.

Pricing is subject to change without notice.

If you have any questions, please contact your sales representative.

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