
RESELLER APPLICATION IMPORTANT NEW ACCOUNT INFORMATION

Thank you for choosing CG distribution as your premier source of automotive after market lighting and accessories component. To ensure that your account is set up in an efficient and timely manner so that you may start placing orders with Anzo USA, please help us to compile the following new account set up documentations:

- Reseller Application forms (Page 1-6)
- Copy of voided company check
- Copy of state tax resale and business license

Please be advised that before a proper term is set up for your account, your first order with CG distribution will be processed on COD Cash/Cashier's Check unless stated otherwise.

If you are not requesting COD company check or Net term, the bank reference is optional.

If you are requesting Net term, please also furnish your most recent two years Financial Statement along with application.

If you have already given an order to the CG distribution sales representative, your order cannot be placed or shipped out until we receive your completed new account application forms. Upon receipt of these forms, your account will be set up and order will be processed accordingly. The approximate processing time is between 2 to 4 working days.

We appreciate your interest in CG distribution and look forward to providing you with the very best service and product selection possible.

Thank you for your cooperation and we look forward to a mutually beneficial business relationship.

Please fax and mail your completed forms to:

Credit Department
CG distribution
5150 Eucalyptus Ave Unit A
Chino, CA 91710-5728
Phone : (909) 468 - 3688
Fax : (909) 628 - 1755

Account Executive : _____

Ext : _____

I/We hereby apply to CG distribution (hereinafter "Vendor") for credit and/or an increase, update or reconfirmation of our existing account. The undersigned gives and grants Vendor permission to verify all information stated herein. I/We hereby agree that all credit granted and/or extended shall be repaid in a timely fashion.

Term/Credit Limit Requested: _____

COMPANY INFORMATION

Company Name _____ DBA _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Fax _____
 Entity _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Other, _____
 Federal Tax ID # _____ State Resale # _____ D & B # _____
 Type of Business _____ Year Established _____ At present location since _____
 Financial Contact in firm _____ Phone _____ ext. _____
 Name of Purchaser in firm _____ Email _____

PRINCIPALS of COMPANY

Name _____ Title _____ Home phone _____
 Address _____ City _____ State _____ Zip _____
 Social Security # _____ Email _____

BANK REFERENCES

Bank Name _____ Contact Person _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Line of Credit _____
 Checking Acct # _____ Saving Acct # _____ Loan Acct # _____
 Bank Name _____ Contact Person _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Line of Credit _____
 Checking Acct # _____ Saving Acct # _____ Loan Acct # _____

TRADE REFERENCES

Company Name _____ DBA _____ Contact Person _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Company Name _____ DBA _____ Contact Person _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
 Company Name _____ DBA _____ Contact Person _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

**IMPORTANT: Please complete Bank and Trade References for Net Terms approval.
 Kindly include current year end financial statements** with Net term requests**

The undersigned hereby authorizes the above named bank(s) or credit reference(s) to release such information as in necessary to establish credit with our company.

Name _____ Signature _____ Title _____ Date _____

** Note that all financial statements must include a balance sheet and income statement. All unaudited statements must be signed and dated by an owner/officer.

CONTINUING PERSONAL GUARANTEE

For goods and valuable consideration, including the extension of credit to the company or companies listed on this application ("customer") from which I will benefit, do hereby personally guarantee and promise to pay on demand any obligation of customer to CG distribution without regard for any claim of setoff, counterclaim or defense. I hereby waive notice of sales to customer, and of the terms thereof, and of non-payment or other default or dispute with Customer. I hereby waive any right to a jury trial and consent to all renewals and modifications of terms of sale or credit. This is a continuing and irrevocable guarantee and I hereby subordinate any indebtedness of Customer to me to that of Customer to CG distribution.

Print Name _____ Date _____
 Signature _____ Title _____ Driver License # _____ State _____
 Social Security # _____ Home Address / Phone No. _____

**** Please attach personal financial statements of guarantor and a copy of your Driver License and Social Security Card.****

Security Agreement

1. The undersigned agrees that CG distribution ("Seller"), will maintain a security interest in all goods that Seller sells and delivers to the undersigned ("Buyer"), and all proceeds thereof ("Collateral"). Buyer will refrain from moving the Collateral from its present location and will advise Seller on demand as to the location of all collateral in its possession. Buyer will execute on demand a UCC-1 or similar financing statement to perfect Seller's rights in the Collateral. If Buyer fails to execute such a document, Seller may do so and sign Buyer's name. Buyer irrevocably appoints Seller as its attorney-in-fact to place said signature on the document and record it with the appropriate authority.
 2. If Buyer fails to pay as agreed, or otherwise defaults, Seller may possess the Collateral, and may enter onto private property and any structure to do so. Buyer is obligated to assemble the Collateral. If the Collateral is repossessed, Seller may exercise all rights of the Uniform Commercial Code or the similar statutes in any state where the Collateral is taken. Upon repossession, the Seller may sell without notice and at private sale, to the greatest extent allowed by law, and may sell in any commercially reasonable manner.
 3. Seller has all rights under law. All rights are cumulative. Buyer will reimburse the Seller for any loss, damage, cost or expense, including without limitation reasonable attorney's fees and legal expenses, in connection with the exercise of any right or remedy pursuant to this Agreement. Service of process shall be effective if mailed to the applicable party at the address set forth herein.
 4. Until payment is made in full of all obligations owing to Seller, Buyer will not assign or pledge the Collateral and will maintain the Collateral free and clear of all liens, claims, taxes and encumbrances, or any other third party interest (collectively, "Encumbrances"). Any such assignment, pledge or Encumbrance shall be void.
 5. The terms and conditions of this Agreement apply to all sales made between the parties. The price, term of payment, delivery information, and all matters including warranty information placed on the front or reverse of the invoice delivered by Seller in connection with the sale shall be the terms of sale. If no payment terms are specified, then the terms of payment are C.O.D. Time is of the essence. The terms of Seller's invoice and this Agreement shall supersede any contrary terms in the Buyer's Purchase Order. I/We agree to the above and state that all information in the credit application is true, and Seller may check all credit sources, and the credit of any guarantors. If any information is false, then Seller can declare all sums due and owing and exercise any right to the Collateral.

Print Name _____ Company _____
 Signature _____ Title _____ Company Address _____

Uniform Sales And Use Tax Certificate / Multi-jurisdiction

I certify that : _____ is engaged as a registered
 Name of Firm (Buyer) _____ _____ Wholesaler
 Street Address _____ _____ Retailer
 City/State/Zip _____ _____ Manufacturer
 Phone _____ _____ Other (Specify): _____
 State Reseller Certificate Number _____

And is registered with the state of _____ and cities within your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing or leasing (renting) the following:

Description of business _____
 General description of products to be purchased from the seller: Automotive lighting, accessories or related items.

Please attach to this a copy of your STATE RESELLER PERMIT

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 part of each order that 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 to every material matter.

Signature _____ Print Name _____ Title _____ Date _____
 Owner, Partner, or Corporate Officer



AUTHORIZATION TO RELEASE CREDIT INFORMATION

Bank Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Our company, _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____, hereby authorizes the above named financial institution to release credit information on the account(s) listed herein to CG distribution. Please provide them with the complete information and send it back directly to them to expedite our request for credit. I/We understand that this information will be kept in the strictest confidence between your organization and CG distribution.

Checking Account Number _____

Saving Account Number _____

Loan Account Number _____

Line of Credit _____ Credit Limit _____

Signature _____ Print Name _____ Title _____ Date _____
Owner, Partner, or Corporate Officer

For Bank Only

BANK RATING

Checking Account _____

Savings Account _____

Opening Date _____

Opening Date _____

Current Balance _____

Current Balance _____

Average Balance _____

Average Balance _____

Number of NSF _____

Number of NSF _____

LOAN ACCOUNT

Credit Limit _____

Outstanding _____

Expiration Date _____

Renewal Date _____

Comments _____

Completed By _____ Title _____ Date _____

Thank you for your cooperation! Please fax all the information to CG distribution Accounting Dept. at (909) 628 - 1755



CREDIT CARD AUTHORIZATION FOR PREPAID CUSTOMER

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Cardholder's Name (Please Print) _____

Driver License # _____ State _____

Credit Card Account # _____

CVV # _____ (the 3 digits number located on the front or back of your card, usually at the top of the signature strip.)

Card Type Visa MasterCard Discover

Expiration Date _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Cardholder's Phone # _____

I authorize CG distribution to charge my credit card for all my CG distribution account transaction. If the above credit card becomes invalid during the term(s) of my CG distribution service(s) or if my account becomes delinquent, CG distribution reserves the right to suspend my service(s) and my account may be subject to additional collection procedures and charges. All the information above will be confidential, please read carefully before signing below. By signing this form, I agree to the terms listed and authorize all information that I provided to be true and correct.

Cardholder's Signature _____ Date _____

* Please attach a copy of front and back of the credit card and the driver license

Thank you for your cooperation! Please fax all the information to CG distribution Accounting Dept. at (909) 628 - 1755

CREDIT CARD AUTHORIZATION FOR TERM CUSTOMER

Date _____

Customer # _____

_____ Personal Credit Card _____ Corporate Credit Card

Card Type _____ Visa _____ MasterCard _____ Discover

Credit Card Account # _____

CVV # (3 digit code) _____ Expiration Date _____

Credit Card Bank Phone # _____

Cardholder's Name (Please Print) _____

Title of Cardholder (Must be company officer) _____

Driver License # _____ State _____

Company Name _____

Telephone # _____ Fax # _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Customer P.O. # _____

Shipped Via

Invoice Total \$ _____

_____ FedEx _____ Next Day

Shipping & Handling \$ _____

_____ UPS _____ 2nd Day

Total Amount \$ _____

_____ Ground _____ Other

The credit limit assigned to my CG distribution account is (Determined by CG distribution): \$ _____

I understand that I am responsible for paying my CG distribution bill, in full, by the due date printed on each invoice. In the event that my CG distribution account exceeds the credit limit listed above during any given month, I authorize CG distribution to charge my credit card for all usage. In the event that my CG distribution account has a past due balance of 30 days or more, I authorized CG distribution to charge my credit card for the full amount of the outstanding debt, plus interests and service charge. CG distribution will provide no further notification other than the monthly bill.

If the above credit card becomes invalid during the term(s) of my CG distribution service(s) or if my account becomes delinquent, CG distribution reserves the right to suspend my service(s) and my account may be subject to additional collection procedures and charges.

All the information above will be confidential, please read carefully before signing below. By signing this form, I agree to the terms listed and authorize all information that I provided to be true and correct.

_____ (initial) For this order only

_____ (initial) For this and future order

Cardholder's Signature _____ Date _____

* To complete the transaction, please fax a copy of this document and a photocopy of the front and back sides of both your Credit Card and Drivers License to CG distribution (909) 628 - 1755