



# Business/Credit Account Application

HJC Northeast, Inc. dba  
Downeast Bicycle Specialists  
64 Hobbs St, Unit 3  
Conway, NH 03818

www.debike.com  
207.935.4242  
A/R: lornad@debike.com

HJC Northeast, Inc. dba Downeast Bicycle Specialists

**Downeast Bicycle Specialists is a wholesale distributor of bicycle parts and accessories selling to retail bicycle businesses. We do not sell to the general public. All decisions with respect to credit approval, terms, revision, continuation, or termination of accounts are at the sole discretion of Downeast Bicycle Specialists. A completed and signed business application and certificate of liability insurance are required to open an account. Additional information may be required.**

**Please print or type all information. Both pages of application must be submitted.**

**Legal Business Name:** \_\_\_\_\_ **/DBA:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Shipping Address (If Different):** \_\_\_\_\_

**Website:** \_\_\_\_\_ **State of Incorporation** \_\_\_\_\_

**Corp. Structure:**  Sole Proprietorship  Partnership  LLC  C or S Corp. **Federal ID#** \_\_\_\_\_

**Business Phone (Required):** \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Accounting:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Buyer:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Payment Terms:**  Credit/Debit Card  ACH Payment  Check (A \$30.00 fee will be charged for any check returned as NSF)

**Terms requested: 30 day terms**  Yes  No **Requested credit limit:** \_\_\_\_\_

**If seeking terms, please provide three references including your account number, a contact name, phone number, and email.**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Send invoices by:**  Email  U.S. Mail

**Online Account - Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Password:** \_\_\_\_\_ **Hint:** \_\_\_\_\_

**Would you like to receive email notifications of specials and promotions?**  Yes  No

**Do you sell online?**  Yes  No

**If you answered Yes, please list marketplaces and alias(es) used by your business along with active URLs.**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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**A State Resale or Sales Tax Exemption Certificate must be submitted with your application. We must have a Resale/Sales Tax Exemption certificate for your account on file or we are required by law to charge sales tax on all orders. State Resale or Sales Tax Exemption forms are available on our website.**

## Terms and Conditions

It is specifically understood that in consideration of any sale of merchandise by DOWNEAST BICYCLE SPECIALISTS to \_\_\_\_\_, on credit, the under-signed, and each of us, jointly and severally, agree with you as follows:

I/We unqualifiedly, individually, jointly and severally, guarantee to you, to your successors, heirs, and/or assignees, the prompt payment legal tender of the United States of America, of our purchase price of all merchandise that has heretofore been, and/or that hereafter may be sold, (by written or oral agreement) by you to our firm, in accordance with the terms of your invoices noting such sales, and I/We likewise undertake that I/We shall and will punctually and duly perform and discharge all of our obligations to you of every kind.

I/We further agree to pay any and all court costs, attorney's fees, and/or any additional sums which might be incurred by DOWNEAST BICYCLE SPECIALISTS, its successors, heirs and/or assignees, in the event such expenses should become necessary in the collection of any monies which may be or become delinquent.

I/We further agree that we will pay a finance charge on any and all sums that may become delinquent. It is understood that this finance charge will be in the amount of the legal limit in accordance with the laws of the governing state, but in no event will exceed the amount of one-and-one half percent (1½%) per month.

This agreement is a continuing guarantee and obligation on my/our part, and shall remain in full force and effect until revoked to DOWNEAST BICYCLE SPECIALISTS, its successors, heirs and/or assignees, by written notice.

Owner / Principal Signature:

Date:

**Applicant acknowledges that submittal of this application serves as authorization for Downeast Bicycle Specialists to obtain credit history and account information from bank/credit reporting entities and that Downeast Bicycle Specialists may provide account history for established accounts to credit entities and/or other industry vendors when requested.**

**Mailing address for payments: Downeast Bicycle Specialists 64 Hobbs St Conway NH 03818**

## Personal Guarantee

Name of Business:

Owner/Principal Signature:

Date:

Name (Please Print):

Social Security Number:

Home Address:

City:

State:

Zip:

Home Phone:

Personal Email:

Additional Owner/Principal Signature:

Date:

Name (Please Print):

Social Security Number:

Home Address:

City:

State:

Zip:

Home Phone:

Personal Email: