



SPORT COMPACT WAREHOUSE

1139 Station Rd Unit # 1 & 8
Medford, NY 11763
866-381-4618

www.SportCompactWarehouse.com
sales@sportcompactwarehouse.com

To: New Dealer **From:** Wholesale Dept. @ SCW

Re: Wholesale Account **Pages:** 2

Urgent **For Review** **Please Comment** **Please Reply**

To our Future Dealer(s),

Here is the dealer application and terms of sale you requested. Please fill out the dealer application and make sure the information is up to date and accurate. Please email all paperwork back to sales@sportcompactwarehouse.com

Currently, we offer 2 levels of wholesale pricing.

Dealer 1: **No Buy In** – Straight 5% off website pricing. No Minimum order.

Dealer 2: **\$500.00 Opening Order with minimum of 3 items**, No Minimum order after that. Dealer 2 will receive discounts based on brand and volume. Discounts will range from 5-30% off. All prices will be based of a MSRP Retail, or MSRP Jobber Price. Unfortunately we aren't direct with all of the brands we carry, so some of the discounts may seem marginal. We will do our best to compensate and make it up elsewhere.

Thank you very much, and we look forward to serving your performance needs. **Please let a sales rep know if you would like to apply for dealer 1 or dealer 2 pricing.**

Thank you very much,

Wholesale Department @SCW



1139 Station Rd Unit # 1 & 8
Medford, NY 11763
631-363-8659 631-363-8712 (fax)

www.sportcompactwarehouse.com sales@sportcompactwarehouse.com

From: Wholesale Department – Sport Compact Warehouse

Please fill out this form and email back to Sport Compact Warehouse at sales@sportcompactwarehouse.com, along with a copy of your Business License, Tax Certificate, and Business Card/Company Letter head.

Company Name _____ **Contact** _____

Address _____

City _____ **State or Providence** _____

Zip or Postal Code _____ **Country** _____

Phone # (____) _____ - _____ **Fax #** (____) _____ - _____ **E-mail** _____

Website: _____

In business how long: _____ **Accounts Payable contact:** _____

Type of business: -sole proprietor -corporation -partnership **Tax ID #:** _____

Ownership Information - Main Principal or Officer

Name: _____ **Home Address:** _____

Phone # (____) _____ - _____ **Title** _____ **Authorized Purchasers** _____

Trade References:

1. Name: _____ **Contact:** _____ **Phone:**(____) _____ - _____

2. Name: _____ **Contact:** _____ **Phone:**(____) _____ - _____

Would you like SCW to drop ship products directly to your customers? _____ (If yes, fill out the CC authorization form)

By signing this application, you agree to our policies, and guarantee the information you provided us is 100% correct and true, to the best of your knowledge. For our complete policies, please feel free to visit:

<https://sportcompactwarehouse.com/shipping>

Print Name:

Signature:

Date:
