



forty to five
P.O Box 13204
Spokane, WA 99213
Phone:(509)869-4617
sales@40to5.com

Terms & Conditions

40to5 policy: We sell only to legitimate businesses with a physical location (licensed places of business, open to the public during normal business hours). We reserve the right to refuse any account. The requirements for becoming a 40to5 dealer are as follows:

Valid Business references

Copy of state re-sale license

Federal tax id# and/or State sales tax #

Dedicated business phone line

Store photos may be required

Freight: 40to5 will pay shipping on all normal orders over \$420 within the continental 48 states. Shipping must be paid on shipments to Alaska, Hawaii, Puerto Rico and other countries. Any orders less than \$420, shipping will be added. 40to5 will make every effort to ship the same day if orders are placed before 1:00 p.m. Due to these conditions, orders can not be changed or added to once it has been billed/shipped, a separate order would have to be placed.

Merchandise Returns: Return authorization (RA) required. To request an authorization number or for pre-approval on returns, please call the Returns Department at 509-869-4617. Returns for any reason other than "defective" will be subject to a restocking fee. All returns are subject to inspection for determination of credit. Items being returned must be in original shipping materials with the RA number on the outside of the package. Products returned without an RA will be held or refused and returned to the dealer. All RAs issued will have ONLY 30 days from the issue date to be returned before the RA is voided. After 30 days, it will be the dealer's responsibility to return items to be considered for credit whether the items are defective or not. All sales are final on discontinued, closeout and sale items.

Damaged, Short and Over Shipments: 40to5 must be notified within 3 days of receiving your order and noted on paperwork if merchandise is damaged or short to insure proper credit.

Backorders: All backorders will be automatically shipped when available unless you indicate NO BACKORDERS. Backorders over 30 days old are reconfirmed before we ship.

Catalog Contents: We believe the contents, prices and specifications of the catalog are correct. We assume no liability for any errors in listings, specifications, product descriptions, and pricing. We reserve the right to increase prices between catalog printings if increases are imposed on us from our suppliers.

Yearly Requirements: 40to5 reserves the right maintain its accounts



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DEALER APPLICATION
All information must be filled in completely.

Type of Account you are requesting:

- ☐ OPEN (Fill in Sections A, B, C, D , E & F)
☐ CREDIT CARD (Fill in Sections A, B, E & F)
☐ COD (Fill in Sections A, B, C, E & F)

Section A

Business Information

Full Business Name _____

Business Structure

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ LLC

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Years in Business _____ Products carried: Tobacco Accessories _____ Clothing _____ Skateboards _____

Name of Principal Owner _____ Title _____

Accounts Payable Contact _____ Manager _____

Federal Identification # _____ State Sales Tax # _____

Section B

Industry & Trade / Credit References

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____

Account # _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____

Account # _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____

Account # _____



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Section C

Bank Reference

Bank Name _____ Address _____
Account Number _____ Phone _____
Contact Person _____ Fax _____

Terms of Application / Acceptance

Open Accounts: All open accounts are set up on Net 30 terms. This means invoices are due and payable on or before the 30th day following the transaction(s). Special terms may apply to certain specials and promotions by 40to5.

COD: All COD transactions are subject to a COD transaction fee. All COD Accounts will be set up Cashiers Check or Money Order only until bank and trade references have been checked.

Finance Charges: Service charges will accrue at the end of each month at a rate of 2.99% per month on all balances that are 60 days or more past due. If such charges are posted to our account, I/We agree to pay such charges.

Returned Checks/NSF Charges: All NSF checks will incur a \$25.00 charge that will automatically post to your account. If such charges are posted to our account, I/We agree to pay such charges.

Section D

Personal Guarantee

In order for 40to5 to extend credit to the foregoing applicant, the undersigned individual(s) who are the majority owner(s) of the applicant do hereby guarantee prompt payment by the applicant of it's obligation to 40to5.

*Signature of Owner _____

Or Principal Officer _____

Date _____

Print Name: _____ SSN: _____ Title: _____

*I certify that the information furnished above is true and correct to every material matter.

*Signature of Co-Owner _____

Or Other Principal Officer: _____

Date: _____

Print Name: _____ SSN: _____ Title: _____

*I certify that the information furnished above is true and correct to every material matter.



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Section E

(Signature required by ALL applicants)

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Open Account Applicants:

Signature denotes that above signed applicant agrees to pay for all orders by the 30th day following the transaction(s) date unless special terms were granted in advance.

Credit Card Applicants:

Signature denotes that orders from signed applicants above have been authorized to be charged to the credit card on file for each purchase unless otherwise stated when placing orders.

COD Applicants:

Signature denotes that the above signed applicant agrees to pay for all purchases by COD.

Section F

(Signature required by ALL applicants)

Authorization To Release Information:

I/We hereby authorize our bank/suppliers to release any information necessary to assist us in establishing an account with 40to5.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Below is for our office use only
(please leave this section blank)

Account Number allocated: _____

Date: _____

Business Name: _____

Contact: _____

2nd Contact: _____

Misc Information: _____

Terms: ☐ OPEN
☐ CREDIT CARD
☐ COD

Log in ID: _____

Display Unit info: _____

Custom Products: _____