



3800 GLOVER ROAD EASTON, PA. 18040  
610-258-3651  
800-221-6178  
FAX 610-258-7736

## DEALER APPLICATION

Before you can place an order with Emery Distributors, an account must be established. When this application has been returned with **both sides completed and pictures enclosed** it will be processed. Processing generally takes a week depending on how cooperative the references are. Emery Distributors sells only to full time Hobby/Toy stores, or stores with legitimate Hobby departments. Emery Distributors defines a full time Hobby/Toy store as a **permanent storefront** location (not a home or flea market) that is open at least **40 hours** a week and provides one or more people with full time employment. A non Hobby/Toy store with a legitimate Hobby department is defined as; a store meeting all prior criteria with at least \$10,000 at wholesale cost in Hobby merchandise. Include two photos of the store, one showing the outside storefront including adjacent building, the other showing the inside of the store. If the store is not a Hobby/Toy shop, the inside photo must be of the Hobby department. If these photos are not included or the application is not completely filled out, it will not be processed and an account will not be established.

Store Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Business Hours \_\_\_\_\_ Type of store: Full line Hobby(  ), Toy(  ), Other(  )

If other, explain \_\_\_\_\_

Lionel Value Added Dealer Yes(  ) No(  )

Approximate square footage \_\_\_\_\_

Is this business a corporation(  ), partnership(  ), individual owner(  )

If corporation, name of corporation \_\_\_\_\_

Present Ownership since \_\_\_\_/\_\_\_\_/\_\_\_\_

State Tax Exemption Number \_\_\_\_\_

Names of Principals with home addresses and home phone numbers is required. If this is left blank it will be assumed that the store is in the home and an account will not be established.

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

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

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

Bank \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_

Credit Release Authorization (signature) \_\_\_\_\_

**REFERENCES--FILL OUT COMPLETELY**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account Number \_\_\_\_\_

The undersigned agrees to pay interest at a rate of 1.5% per month (or the maximum rate permitted by law if less) in the event any amount owing by the undersigned to Emery Distributors, Inc. shall not be paid when due. Further if our account shall be turned over to an attorney or collection agency for collection, then we will pay, in addition to all amounts and interest due, all reasonable attorney's fees and collection expenses and charges incurred by Emery Distributors, Inc. to the extent permitted by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_