

SEND THIS APPLICATION TO
QDI CREDIT DEPARTMENT
P.O. BOX 63430
PHOENIX, AZ 85082
FAX: 602/258-8044

QUICK ORDER

QDI Sales Person _____	Salesperson # _____
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APPLICATION DATE _____				
LEGAL NAME _____		DOING BUSINESS AS _____		
BUSINESS STREET ADDRESS _____		CITY _____	STATE _____	ZIP _____
<input type="checkbox"/> Check if address is residential				
BUSINESS TELEPHONE _____		BUSINESS FAX NO. _____		
EMAIL ADDRESS _____		PERMIT NO. _____		
OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP)			OFFICERS (IF A CORPORATION)	
NAME _____	TITLE _____	HOME ADDRESS _____	HOME PHONE _____	SOCIAL SECURITY NO. _____

AGREEMENTS, TERMS AND CONDITIONS COD OR PREPAID

Applicant agrees that each of the terms and conditions of sale stated on the QDI invoices shall be a term of the contract of each sale from QDI to Applicant. Applicant concedes that any check made payable to QDI which is dishonored by the bank upon which it was drawn, will be charged a processing fee of \$20.00 or 5% of the amount of the dishonored check, whichever is greater. Applicant further agrees that with regard to such service charges and processing fees, Applicant and QDI are parties to a written contract. If QDI commences collection, litigation or employs attorneys or collection agencies in order to secure payment of any sums due to it from Applicant, the Applicant agrees to pay all reasonable fees in addition to all other sums due. The undersigned warrants that the above agreement has been carefully read and that Applicant understands the same. Applicant hereby irrevocably submits itself to the process, jurisdiction and venue of the courts of the State of Arizona, Maricopa County and to the process, jurisdiction and venue of the United States District Court for the District of Arizona, for the purposes of suit, action or other proceeding arising out of or relating to this credit application or, if QDI initiates any such action, any court in which QDI shall initiate such action and the choice of such venue shall in all instances be at QDI's election.

NAME OF APPLICANT: _____	SIGNED BY: _____	TITLE: _____
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CREDIT CARD INFORMATION:

CC# _____ EXP. DATE ____ / ____

CC Security # ____ Three digit code on the back of your credit card.

Card Holder's Name _____ Billing Address _____

By signing below, I hereby authorize Quality Distributors, LLC to process payment for telephone and fax orders to the above referenced credit card. Orders may be made only by the cardholder listed below. I assume full, unconditional responsibility for payment for all orders and I agree to abide by all of Quality Distributors, LLC's billing and merchandise return policies.

Signature _____ Date _____