



Customer Application Form

(PLEASE PRINT OR TYPE)

CUSTOMER INFORMATION *required*

Name:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
DBA:	Preferred Currency: ¹ <input type="checkbox"/> US Dollar <input type="checkbox"/> Canadian Dollar
Request Cards: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French
If YES, Number of Cards Requested: _____ If requesting multiple cards, choose one of the following: <input type="checkbox"/> Different account number on each card, with <i>all</i> cards tied to the <i>Parent</i> location <input type="checkbox"/> Same account number on all cards <input type="checkbox"/> Different account number on each card, with <i>one</i> card tied to <i>each</i> location <input type="checkbox"/> Other(Customer Support will contact you to discuss further options)	

PARENT(HQ) INFORMATION

Is this Customer Location a Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, Great Dane Parent ID(If known): _____	Great Dane Parent Name: _____

CONTACT INFORMATION *required*

Billing / AP Contact: (No PO Boxes)	Physical Contact:
Availability: <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	Availability: <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both
Name:	Name:
Job Title:	Job Title:
Address:	Address:
City: State/Prov:	City: State/Prov:
Country: <input type="checkbox"/> USA <input type="checkbox"/> Canada Zip/Postal Code:	Country: <input type="checkbox"/> USA <input type="checkbox"/> Canada Zip/Postal Code:
Phone Number: () – ext.	Phone Number: () – ext.
Fax Number: () –	Fax Number: () –
E-mail Address:	E-mail Address:

¹ Currency type cannot be changed once your account is created. To change currencies, you must close your current account and apply for a new one.



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ADDITIONAL CONTACT INFORMATION	
Contact Type: <input type="checkbox"/> Secondary <input type="checkbox"/> IT/Technical <input type="checkbox"/> Controller <input type="checkbox"/> Other	Contact Type: <input type="checkbox"/> IT/Technical <input type="checkbox"/> Controller <input type="checkbox"/> Other
Availability: <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both	Availability: <input type="checkbox"/> Business Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Both
Name:	Name:
Job Title:	Job Title:
Address: _____	Address: _____
City: _____ State/Prov: _____	City: _____ State/Prov: _____
Country: <input type="checkbox"/> USA <input type="checkbox"/> Canada Zip/Postal Code: _____	Country: <input type="checkbox"/> USA <input type="checkbox"/> Canada Zip/Postal Code: _____
Phone Number: () - ext.	Phone Number: () - ext.
Fax Number: () -	Fax Number: () -
E-mail Address:	E-mail Address:

ADDITIONAL CONTACT INFORMATION	
Contact Type: <input type="checkbox"/> IT/Technical <input type="checkbox"/> Controller <input type="checkbox"/> Other	
Name:	Address: _____
Job Title:	
Phone Number: () - ext.	
Fax Number: () -	City: _____ State/Prov: _____
Attn:	Country: <input type="checkbox"/> USA <input type="checkbox"/> Canada Zip/Postal Code: _____
E-mail Address:	

ADDITIONAL CONTACT INFORMATION	
Contact Type: <input type="checkbox"/> IT/Technical <input type="checkbox"/> Controller <input type="checkbox"/> Other	
Name:	Address: _____
Job Title:	
Phone Number: () - ext.	
Fax Number: () -	City: _____ State/Prov: _____
Attn:	Country: <input type="checkbox"/> USA <input type="checkbox"/> Canada Zip/Postal Code: _____
E-mail Address:	



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BILL SEND INFORMATION *required*

Preferred Billing Cycle: Daily (electronic only) Twice Monthly (10th and 25th of each month)

Participate in Centralized Billing (Billing paid by parent account)? Yes No

If YES, should the locations receive bill copies as well? Yes No

Preferred Payment Method: Check Wire EFT (Customer initiated) Direct Debit²

BANK INFORMATION (required if preferred payment method is Wire or EFT)

Bank Name / Branch: _____

ABA Number: _____

Account Type: Checking Savings

Account Number: _____

Account Name: _____

PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION

BILL DELIVERY *required*

Contact Type: _____

Delivery Method: Fax E-mail

Contact Name: _____

OPT out of receiving billing statement

You may select to opt out if you prefer to get your billing statements online.

ADDITIONAL BILL DELIVERY INFORMATION *optional*

Contact Type: _____

Delivery Method: Fax E-mail

Contact Name: _____

TAX INFORMATION *required*

If Sole Proprietor:

Tax ID: _____

Tax Type: SSN SIN

If Corporation:

Tax ID: _____

Tax Type: FEIN BN GST QST

² This form authorizes Multi Service Corporation operating as the Great Dane AdvantEdge Processing Center to deposit funds into and/or withdraw funds from the customer's bank account by means of Electronic Funds Transfer for payment of goods and services charged on the Great Dane AdvantEdge Account and processed by the Great Dane AdvantEdge Processing Center. This authorization is to remain in effect until the Great Dane AdvantEdge Processing Center is notified, in writing, of cancellation.



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PURCHASE POLICIES *required*	
P.O. Required? <input type="checkbox"/> Always <input type="checkbox"/> Never <input type="checkbox"/> If Labor <input type="checkbox"/> If transaction greater than \$ _____	P.O. Format Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide format: _____
Unit Number Required? <input type="checkbox"/> Always <input type="checkbox"/> Never <input type="checkbox"/> If Labor	VIN Number Required? <input type="checkbox"/> Always <input type="checkbox"/> Never <input type="checkbox"/> If Labor
Transaction Limit? <input type="checkbox"/> None <input type="checkbox"/> Transaction not allowed when amount is greater than \$ _____ <input type="checkbox"/> Transaction not allowed when amount is lower than \$ _____	

CREDIT INFORMATION	
DUNS #: _____	
Expected Monthly Spend: \$ _____	
Requested Credit: \$ _____	
Bank Reference:	
Bank Name: _____	Phone Number: _____
Contact Name: _____	Fax Number: _____
Account Number: _____	
Trade References:	
Company Name: _____	Phone Number: _____
Contact Name: _____	Fax Number: _____
Account Number: _____	
Company Name: _____	Phone Number: _____
Contact Name: _____	Fax Number: _____
Account Number: _____	
Company Name: _____	Phone Number: _____
Contact Name: _____	Fax Number: _____
Account Number: _____	



ADVANTEDGE
DRIVING YOUR BUSINESS FORWARD



Great Dane AdvantEdge Accountholder Agreement (“Agreement”)

WHEREAS Multi Service Corporation (MSC) is engaged in the business of providing a purchase program for parts and other products and services offered for sale by Great Dane Trailers and which program is called Great Dane AdvantEdge; and WHEREAS applicant requests MSC to provide such purchase program.

NOW THEREFORE, the parties hereto agree to be legally bound as follows:

1. The Great Dane AdvantEdge cards and/or account numbers (“Card” or “Account”) are issued by, and credit is extended by, MSC, P.O. Box 10922, Shawnee Mission, KS 66225. Any references in this Agreement to Great Dane AdvantEdge refer to MSC.
2. The applicant authorizes MSC to investigate the credit history of applicant through commercial reporting companies, direct inquiries to businesses where applicant has accounts, and review of personal credit histories, where appropriate, by obtaining consumer credit reports. MSC represents that information contained on any consumer credit report obtained will only be used for deciding whether to extend or approve credit for applicant's business and will not be used with respect to any decision to extend credit for personal, family or household purposes.
3. If approved, the holder of the Account (“Accountholder”) represents that the Account will only be used for business or commercial purposes and at no time shall the Account be used for personal, family or household purposes.
4. Usage of the Great Dane AdvantEdge Account by the Accountholder named on it constitutes acceptance of all terms and conditions contained in this Agreement, as such terms and conditions may be amended from time to time by MSC effective upon no less than 15 days prior written notice (and if no effective date is given in such notice, then 15 days from the date of such notice). Usage by the Accountholder includes the retention or use of the Account by (i) the Accountholder as named on it, (ii) any person or entity under Accountholder's direction or control, and (iii) any Dealer to whom the Accountholder or any person or entity under Accountholder's direction or control has, at any time supplied the Cards and/or Account numbers.
5. The Accountholder is liable for any unauthorized use of the Account, and the Accountholder agrees to be responsible for any unauthorized use.
6. Any Account transactions received by MSC for a closed or deactivated Branch/Dealer that have a transaction date prior to MSC's deactivation of that Dealer are the financial responsibility of the Accountholder.
7. All requested changes to Account must be made in writing on official letterhead or in an e-mail or through the program website from an officer and/or authorized representative of the Accountholder.
8. MSC is not a seller of merchandise. MSC neither sells nor warrants the goods or services obtained from Great Dane AdvantEdge Branch/Dealers. MSC's sole function is to furnish credit and billing services; MSC does not warrant any merchandise or services from any source obtained by the use of MSC's credit or billing services. **MSC HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, RELATING TO ANY SUCH GOODS OR SERVICES, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT.**
9. A credit line will be assigned to each Accountholder. This line includes all unpaid purchases, whether billed or unbilled. If Accountholder finds its credit line to be inadequate, Accountholder shall notify MSC at 1-877-600-3433 and request a change to its credit line. MSC can raise or lower the credit line at its sole discretion without notification to Accountholder.
10. Statements will be distributed daily or twice monthly as specified by the Accountholder. For Customers billed twice monthly, payments are due 14 days from the statement date; for Customers billed daily, payments are due 20 days from the statement date. Statements outstanding more than 14 or 20 days (as applicable) are considered delinquent. Delinquent Accounts will be assessed late charges at a monthly rate of 1.5% of the transaction value per month on all outstanding transactions. Late fees are assessed at the invoice level. They are not based on entire amount billed in a billing period. The Accountholder is liable for all late charges assessed to the Account and must pay these charges to keep its Account in good standing.
11. The payment terms stated in this Agreement apply to all invoices, and supersede the payment terms of any Purchase Order (P.O.), third party contract or any other documentation the Accountholder may have signed.
12. As selected on the Customer Application Form, the Accountholder may pay its Great Dane AdvantEdge statement (i) by check, (ii) by wire or (iii) by Electronic Funds Transfer (EFT), either by authorizing MSC to automatically deduct funds from its designated bank account or by submitting funds to MSC via Accountholder-initiated EFT.
13. Accountholder shall make payments to MSC or MSC's designated agent as frequently as may be necessary to keep the Account balance within the line of credit and within payment terms. If Accountholder's bank or Accountholder for any reason should fail to timely pay any amount due MSC, Accountholder understands and agrees that MSC may immediately suspend or terminate all Accounts held by Accountholder and draw against any letter of credit or other security held by MSC on behalf of the Accountholder. If Accountholder's bank should fail to honor payment to MSC or Accountholder's account becomes delinquent, MSC may require immediate and full payment of all outstanding amounts, as well as the return of Accountholder's Cards or Account numbers. In the event that a payment made to MSC or MSC's designated agent is returned by the Accountholder's bank, MSC reserves the right to charge a returned payment fee to the Accountholder's Account in the amount of \$50.00 or the maximum amount permitted by the law.
14. In the event that the Accountholder maintains a credit balance on the Account for longer than three (3) months and the Accountholder does not provide MSC with instruction on how to handle the credit balance, MSC is hereby authorized to deduct and retain a dormancy and Account management fee equal to two percent (2%) of the credit balance per month so long as the credit balance exists.
15. Accountholders have ninety (90) days from the billing statement date to dispute charges. All disputes must be received by MSC in writing from the Accountholder within such ninety (90) day period. If an Account transaction is not disputed within ninety (90) days from the billing statement date, the Accountholder is liable for all charges related to the transaction.
16. This Agreement, and any continuing guaranty, as may be required, is governed by the laws of the State of Missouri, without reference to conflicts of laws principles, and it is agreed that jurisdiction of any legal action connected with this Agreement shall be exclusively in the state or federal courts located in the State of Missouri. Notwithstanding the foregoing, MSC may, at its option, choose to pursue legal action against the Accountholder in any state or province in which the Accountholder does business or where jurisdiction may otherwise be proper.

17. The Accountholder agrees that in the event of default, MSC may institute suit against the Accountholder in aforesaid courts and that service of process by certified mail, return receipt requested, postage prepaid and addressed to the Accountholder shall be sufficient to confer jurisdiction of said courts, regardless of where the Accountholder is geographically located or does business.
18. MSC may offset any amounts owed to Accountholder by MSC against any claims MSC has against the Accountholder. To secure all of Accountholder's obligations and liabilities to MSC under the terms of this Agreement, and all obligations and liabilities of Accountholder to MSC under any other document or agreement between Accountholder and MSC executed from time to time, the Accountholder hereby grants to MSC a continuing lien and security interest in all of Accountholder's accounts receivable, equipment, inventory, instruments, deposit accounts, chattel paper and all general intangibles. Accountholder is and shall be liable to MSC for all costs and expenses incurred by MSC in collection and enforcing its rights hereunder, including but not limited to, late charges and reasonable attorneys' fees, if any, incurred by MSC to collect all amounts due on Accountholder's Account and/or foreclosing on its lien and security interest.
19. The Accountholder represents and warrants to MSC, with full knowledge that MSC will be relying on the following, that:
 - (i) The person executing this Agreement on behalf of the Accountholder is:
 - (A) An officer of the Accountholder's company or other authorized employee; and
 - (B) Duly authorized to execute and deliver this Agreement on behalf of the Accountholder; and
 - (C) Duly authorized to bind the Accountholder to the terms of this Agreement and to cause the Accountholder to perform its obligations hereunder.
 - (ii) This Agreement constitutes a legal, valid and binding obligation of the Accountholder, enforceable against the Accountholder in accordance with its terms.
 - (iii) The execution and delivery of this Agreement by the Accountholder and the performance by the Accountholder of its obligations hereunder is and will at all times be with full right and authority, be it corporate, partnership, limited liability company, and/or a government agency or entity, as applicable. All necessary action has been taken by the Accountholder to authorize the consummation of this Agreement, be it a corporate, partnership, limited liability company, and/or a government agency or entity, as applicable.
20. This Agreement may be terminated by either party at any time by giving written notice to the other party. Upon termination, all Cards and Account numbers shall be immediately terminated and deactivated, and the Accountholder must immediately return to MSC all Cards or Account numbers in the possession or under the control of the Accountholder upon termination of this Agreement, Accountholder shall have the responsibility to pay all amounts incurred or costs associated with Accountholder's Account, whenever incurred, according to the agreed-upon payment terms.
21. If Cards or Account numbers are lost or stolen, it is the Accountholder's responsibility to call MSC immediately at 1-877-600-3433 to prevent unauthorized usage. Account Numbers will be immediately terminated upon notification. Unauthorized usage prior to this notification will be the Accountholder's responsibility. Accountholder must follow-up this telephone notification with written notification within 7 days sent directly to MSC, P.O. Box 10922, Shawnee Mission, KS 66225-9022, via email or through the program website.
22. This Agreement authorizes MSC to transmit information via email to the undersigned Accountholder at the email address(es) provided for communication. Accountholder acknowledges that the email communications may contain confidential information intended solely for the use of the Accountholder and its authorized agents and representatives. Accountholder further acknowledges that email is not a secure form of transmission and that it may potentially be intercepted or otherwise obtained by persons other than the intended recipient. In consideration of MSC's willingness to provide the reporting to Accountholder via email, Accountholder agrees that it will not hold MSC responsible for any email communications intercepted or received by anyone other than the intended recipients. Accountholder hereby releases MSC and its affiliates, and each of their agents, employees and representatives, from any and all liabilities, claims, losses, damages, injuries and expenses of any kind in any way connected with or arising out of the interception or receipt of the email communications by any unintended recipients. Accountholder hereby further agrees to indemnify, defend and hold harmless MSC and its affiliates, and each of their agents, employees and representatives, from and against any and all liabilities, claims, losses, damages, injuries or expenses sought by a third party and in any way connected with or arising out of the interception or receipt of the email communications by any unintended recipients.
23. Notwithstanding any other verbal or written communications or representations to the contrary, the Accountholder agrees that MSC and its service providers may collect and use Accountholder's data for only purposes related to the Account and/or this Agreement. In addition, Accountholder agrees that MSC may transfer any and all Accountholder data in MSC's possession to Great Dane Trailers, who will treat such information in accordance with its privacy policy.
24. Great Dane AdvantEdge is a registered trademark owned by Great Dane Limited Partnership.
25. Please retain this Agreement for future reference.

By signing below, applicant certifies all information provided to be true and correct, and agrees to be bound by the terms and conditions set forth in this Accountholder Agreement.

Accountholder Signature: _____

Date: _____

Printed Name: _____

Title: _____

**PLEASE FAX TO 812-460-7618 AND FORWARD SIGNED ORIGINAL TO:
Great Dane Trailers – ATTN: Roger Wilson
4949 N. 13th Street, Bldg. 2
Terre Haute, In 47805**

Great Dane AdvantEdge Account is accepted by Great Dane Trailers branch and dealer locations participating in the Great Dane AdvantEdge Program. The Great Dane AdvantEdge Program is for business and commercial use only.

