



YOUR VEHICLE. YOUR COMPANY. YOUR SUCCESS.

[www.hadleyadvantage.com](http://www.hadleyadvantage.com)

We're delighted that you're interested in becoming a part of Hadley's Global Distributor Network.

When you join the Hadley Global Distributor Network, we help you save time and money to better serve your customers and build connections to reach your full business potential. Our distributors are a global network of partners – like-minded companies with goals and aspirations similar to our own.

Please fill out and review the following information. Each item listed is critical to the success of your company, your customers, and Hadley.

- **Minimum \$50,000 annual purchase**
- **Cash in Advance (CIA) for first 6-months**
- **Initial stocking order of \$5,000**
- **FCA Hadley shipping terms**
- **\$25.00 Minimum Billing Charge will be incurred for each purchase order below \$300**

If you feel that your qualifications and business goals match our requirements, fill out the Hadley Authorized Reseller Application and email or fax it to us at:

**Hadley Products**  
**4300 36<sup>th</sup> St. S.E. Suite 100**  
**Kentwood, MI 49512**  
**Email: [hadleyinquiry@hadleyadvantage.com](mailto:hadleyinquiry@hadleyadvantage.com)**  
**Fax: +1 616.530.3283**

Best Regards,

Jim Fitzell

President & CEO

Hadley Global Headquarters  
Kentwood, MI (616) 530-1717



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## AUTHORIZED RESELLER APPLICATION

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS:

BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE BUSINESS STARTED: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT INFORMATION: \_\_\_\_\_

PURCHASING CONTACT INFORMATION: \_\_\_\_\_

BRIEF DESCRIPTION OF COMPANY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT HADLEY PRODUCTS ARE YOU PRIMARILY INTERESTED IN?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST OF MARKETS, GEOGRAPHICAL AREAS AND TYPES OF CUSTOMERS YOU CURRENTLY SELL TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT SALES METHODS ARE USED WITHIN YOUR COMPANY (INTERNET, PHONE SALES, RETAIL, ETC.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is complete and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## APPLICATION FOR CUSTOMER CREDIT

NAME OF COMPANY: \_\_\_\_\_

MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BILLING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

LINE OF BUSINESS: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

DATE BUSINESS STARTED: \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TRADE REFERENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT INFORMATION:

\_\_\_\_\_

PURCHASING CONTACT INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is complete and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Revision	Change	Date	Authorized by
B	Changed President to Jim Fitzell	7/11/22	T. Bagge
C	Changed address	10/19/23	T. Bagge