

# GTHAUS AUTHORIZED DEALER PROGRAM

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Thank you for your interest in working with GTHAUS. We think of our dealers as an extension of our family and we are excited at the prospect of working and growing with you.

Please carefully review, complete, and return this entire packet along with current copies of your Business License, and Resale Certificate.

Please allow 3-5 business days to complete this process from time of submission. Please note, incomplete packets will not be processed.

Again, thank you for choosing GTHAUS Premium Exhaust Systems!

Sincerely,











# **DEALERSHIP INFORMATION**

In addition to completing t	his form, please include a copy of your resale license to be eligible for dealer discounts.
Company Name:	FEIN:
Street Address:	Suite:
City:	State / Province:
Country:	Zip Code:
Tel:	Fax:
Company URL:	
GM / Owner:	Email:
Primary Contact Person:	Email:
Parts Manager:	Email:
Sales Manager:	Email:
Accounting:	Email:
Social Media Accounts:	Instagram:
	Facebook:
	YouTube:
GENERAL INFORMATION	(Please select all that apply)
Facility Includes:	Retail Showroom Wholesale Distribution Online/Webstore Service/Maintenance
	Aftermarket Performance Parts Installation of Aftermarket Performance Parts
FOR OFFICE USE ONLY:	
Date of submission:	Date added to database:
Territory:	Starting Discount:



# **CREDIT CARD AUTHORIZATION FORM**

All information entered on this form will be kept strictly confidential. This form authorizes billing to your credit/debit card.

### **INSTRUCTIONS**

- 1) Complete the entire form legibly and completely. Card holder must sign on the line indicated. We reserve the right to verify the provided information with your Credit Card Issuing Bank.
- 2) Include a photocopy of the front and back of the signed credit card.

CARD HOLDER INFORMATION	<u>IN</u>		
Legal Name:		DBA:	
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
CREDIT CARD INFORMATIO	N		
Credit Card Type (select one)	): VISA M	ASTER CARD DISCOVER	AMERICAN EXPRESS
Credit Card Number:		Exp Date:	(CVV):
Billing Address:			
City:		State:	Zip Code:
Credit Card Phone Number:			
Would you like us to keep	this credit card on file for	future orders? Yes	No
If NO, please indicate the Sal	es Order/Invoice number	and amount you are authorizing for	or a one-time change:
Sales Order/Invoice #:		Amount: \$ _	
dba GTHAUS or AGENT to credit card becomes invalid, I request, to be charged for the	charge my credit card for will provide OSI Distrib payment of any outstand	r all products and/or services provi oution Corp., dba GTHAUS or AG	ay, and authorize OSI Distribution Corp ded. I further agree that in the event my ENT with a new valid credit card upon d and agree to pay credit card processing
Signature:			
Printed Name:			
Date:			



# **ACH AUTHORIZATION FORM**

I hereby request and authorize GTHAUS, hereinafter called COMPANY, to initiate credit entries and to initiate debits and adjustments for balances due and any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account(s).

Account (select one): Checking	Savings					
Name on Account:		Amount:				
Bank/Credit Union Name:		Branch:				
City/State/Zip:		-				
ABA Routing Number:	_ Account Number:					
This authority is to remain in full force and effe in such time and in such manner as to afford CO		eceived written notification from me of its termination ortunity to act on it.				
Name:		_				
Signature:		Date:				
Please attach a voided check if a checking account is selected.						
Place voided check here						
I further understand that:						
<ul> <li>Direct deposits/debits become effective immediately upon receiving this request</li> <li>If direct deposit is not canceled by me before closing an account, funds payable will be delayed</li> <li>I must notify COMPANY at least 5 business days before payment is made in order for changes to take effect</li> </ul>						
Return form to: Administrator, GTHAUS, §§	ales@gthaus.com or fax 63	30-787-1603				
For office use only: Date Received/Processed:		By:				





### **GTHAUS POLICIES AND PROCEDURES**

#### MAP PRICING POLICY:

As the manufacturer of GTHAUS Premium exhaust systems, we prefer that our dealers sell our products at listed MSRP. However, we do recognize that some discount may be necessary to satisfy the client. We adhere to a strict MAP (Minimum Advertised Price) pricing policy of 5% under listed MSRP. Any dealer in suspicion of and/or confirmed in violation of this MAP pricing policy may have their program participation privileges revoked at any time.

#### SHIPPING:

The shipping rate is a flat \$198.00 per box to anywhere in the United States (excluding Alaska, Hawaii, Puerto Rico, and Guam) Drop shipping is also available at the same flat rate of \$198.00 per box. Shipping cost to anywhere in Canada is \$349.00 per box. If the client has an international shipping address, please contact GTHAUS for a quote. Additionally, we allow our dealers to arrange their own shipping. In this case, GTHAUS charges a nominal Packing and Handling fee of \$89.00 per box, inclusive of bulk shipments which can be palletized and shipped via freight for convenience and cost savings.

#### **AVAILABILITY:**

GTHAUS Sales and Distribution is operated out of our Corporate Office in Wood Dale, IL, near the O'Hare International Airport in Chicago. Our inventory levels change daily.

- IN STOCK Inventory Typically ships within 2 business days from time of order.
- BACKORDERED Inventory We may have a shipment currently under production, currently inbound via Air/Ocean freight, or product may have to go into full production. Lead times will vary anywhere from 1 to 8 weeks.

#### ORDERING / PREPAYMENT POLICY:

Payment in full is required at time of order. This applies to both in-stock, and backordered item(s). We only accept U.S. based credit cards or ACH bank wire transfers.

### **CANCELLATION / RETURN POLICY:**

GTHAUS will not accept or process unauthorized returns. To return an item, a Return Merchandise Authorization (RMA) must be requested form your Regional Account Manager and approved. All returns must be shipped back to GTHAUS in new, unused condition and original packaging within thirty (30) days of delivery. Returns are subject to a 25% restocking fee. Returns will not be accepted for used or special-order items, or items that have been modified in any way – no exceptions will be made.

#### **WARRANTY POLICY:**

Dealers are responsible for keeping all sales order records for warranty purposes. GTHAUS will extend our standard 5-Year manufacturer's warranty for Stainless Steel exhaust system parts to match the length of the vehicle's factory warranty when purchased new. Titanium Exhaust system parts will carry a 1-year warranty. Warranty is not transferable and original purchase documents must be verified. Defective items must be returned to our facility located in Wood Dale, IL for replacement in accordance with our return policy. Shipment cost will be at the buyer's expense. We will replace all defective items that meet our requirements, but will not accept any liability for loss or inconvenience caused by misuse. We reserve the right to withhold issuance of credit until returned defective item(s) have been inspected and tested.

### **EXCLUSIONS & LIMITATIONS:**

- Any product, which has been subjected to abuse, accident, alteration, neglected maintenance or improper installation, renders the product warranty null and void.
- Conditions resulting from acts of nature, weather, criminal activity or accidents are subject to adjustment under the product warranty.
- There is no warranty, expressed or implied, on any parts that have been modified and/or used for competition or track
  events.