



**ADVANTEDGE**  
DRIVING YOUR BUSINESS FORWARD

## Customer Application Form

(PLEASE PRINT OR TYPE)

### CUSTOMER INFORMATION \*required\*

**Company Legal Name:**

As displayed on income tax return

**DBA:**

**Legal Physical Address (no P.O boxes):**

**City:**

**State:**

**Zip Code:**

**Country:**

United States

Canada

**Preferred Currency:<sup>1</sup>**

US Dollar

Canadian Dollar

**Preferred Language:**

English

French

**Business Type:**

Corporation

Municipality

Private School

Government

Non-Profit

Public Education

LLC

Partnership

Sole Proprietor

**Contact Name:**

**Contact Phone Number: ( ) - ext.**

**Who introduced you to the program? (Please provide name and, if a branch or dealer, their name.):**

### CORPORATE OFFICE or HEADQUARTERS (HQ) INFORMATION

**Is this Location a Corporate Office or HQ with Multiple Locations?**

Yes  No

**If YES, do you have satellite or additional locations that need to be listed?<sup>2</sup>**

Yes  No

**If NO, is there a Corporate Office or HQ with a current Great Dane Account?**

Yes  No

**Corporate Office or HQ Great Dane ID (If known):**

**Corporate Office or HQ Name:**

### CREDIT INFORMATION \*required\*

**Expected Monthly Spend: \$**

**OR**

**Requested Credit Line: \$**

### TRAILER COUNT \*required\*

**Number of Trailers Enrolling: Great Dane Trailers: \_\_\_\_\_ Non-Great Dane Trailers: \_\_\_\_\_**

<sup>1</sup> 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.

<sup>2</sup> If satellite or additional locations are required, please use the Additional Location list located below. Otherwise, the Great Dane AdvantEdge Processing Center will contact you for location details.

BILLING CONTACT INFORMATION *required*	
Contact Name:	Address1:
Job Title:	
Phone Number: ( ) - ext.	City
Cell Number: ( ) -	State:
Fax Number: ( ) -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery and Online Account Access for Billing Contact	
Delivery Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No
Format (for e-mailed bills) <input type="checkbox"/> PDF <input type="checkbox"/> CSV	Invoice Likenesses to accompany billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY CONTACT INFORMATION (Contact for trailer repair & purchase approvals) *required*	
Contact Name:	Address1:
Job Title:	
Phone Number: ( ) - ext.	City
Cell Number: ( ) -	State:
Fax Number: ( ) -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery and Online Account Access for Primary Contact	
Delivery Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No

SECONDARY CONTACT INFORMATION (Fleet inventory management and back up for purchase approvals) *required*	
Contact Name:	Address1:
Job Title:	
Phone Number: ( ) - ext.	City
Cell Number: ( ) -	State:
Fax Number: ( ) -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery and Online Account Access for Secondary Contact	
Delivery Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL CONTACT INFORMATION *optional*	
Contact Name:	Address1:
Job Title:	
Phone Number: ( ) - ext.	City
Cell Number: ( ) -	State:
Fax Number: ( ) -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery and Online Account Access for Additional Contact	
Delivery Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No

**BILLING PREFERENCES \*required\***

Preferred Billing Cycle:  Daily  Twice Monthly (10<sup>th</sup> and 25<sup>th</sup> of each month)

Participate in Centralized Billing (Billing paid by Corporate Office or HQ account)?  Yes  No

If YES AND you have additional locations (per page 4 above), should the locations receive bill copies as well?  
 Yes  No

Preferred Payment Method:  Wire  EFT (Customer initiated)  Direct Debit<sup>3</sup>  Check

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

Bank Name / Branch:

ABA Number:

Account Type:  Checking  Savings

Account Number:

Account Name:

**\*\*\*Required if using Wire or EFT\*\*\***

**PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION**

**TAX INFORMATION \*required\***

If Corporation:

If Sole Proprietor:

Tax ID (FEIN): \_\_\_\_\_

Tax ID (SSN): \_\_\_\_\_



<sup>3</sup> This form authorizes Multi Service Technology Solutions, Inc. 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.

## Great Dane AdvantEdge Accountholder Agreement ("Agreement")

WHEREAS Multi Service Technology Solutions, Inc., a Florida corporation ("MSTS"), is engaged in the business of providing a purchase program for parts and other products and services offered for sale by Great Dane and which program is called Great Dane AdvantEdge;  
and

WHEREAS applicant requests MSTS 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, MSTS, P.O. Box 10922, Shawnee Mission, KS 66225. Any references in this Agreement to Great Dane AdvantEdge refer to MSTS.
2. The applicant authorizes MSTS to investigate the credit history of applicant through commercial reporting companies and direct inquiries to businesses where applicant has accounts.
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 MSTS 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). Any objections to the changes in the Terms and Conditions must be received by MSTS within fifteen (15) days of Accountholders receipt of amendment 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 Branch/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. Any Valid Account transactions received by MSTS for a closed or deactivated Branch/Dealer that have a transaction date prior to MSTS's deactivation of that Branch/Dealer are the financial responsibility of the Accountholder.
6. 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.
7. MSTS is not a seller of merchandise. MSTS neither sells nor warrants the goods or services obtained from Great Dane AdvantEdge Branches/Dealers. MSTS's sole function is to furnish credit and billing services; MSTS does not warrant any merchandise or services from any source obtained by the use of MSTS's credit or billing services. **MSTS 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.**
8. 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 MSTS at 1-877-600-3433 and request a change to its credit line. MSTS will review and modify credit limits in accordance with MSTSs credit policies.
9. Statements will be distributed daily or twice monthly as specified by the Accountholder. For Accountholders billed twice monthly, payments are due 14 days from the statement date; for Accountholders billed daily, payments are due in full 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 and on the delinquent invoices for each billing statement. The Accountholder is liable for all late charges assessed to the Account and must pay these charges to keep its Account in good standing.
10. 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.
11. Accountholder may pay its Great Dane AdvantEdge statement via check or Electronic Funds Transfer (EFT). Accountholder shall notify MSTS if the convenience of paying by EFT is preferred. If EFT is preferred, the Accountholder will have the choice of either authorizing MSTS to automatically deduct funds from its designated bank account, or submitting funds to MSTS via Accountholder-initiated EFT.
12. Accountholder shall make payments to MSTS or MSTS'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 MSTS, Accountholder understands and agrees that MSTS may immediately suspend or terminate all Accounts held by Accountholder and draw against any letter of credit or other security that might be held by MSTS on behalf of the Accountholder. If Accountholder's bank should fail to honor payment to MSTS or Accountholder's account becomes delinquent, MSTS 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 MSTS or MSTS's designated agent is returned by the Accountholder's bank, MSTS 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.
13. 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 MSTS with instruction on how to handle the credit balance, MSTS 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.
14. Accountholders have ninety (90) days from the billing statement date to dispute charges. All disputes must be received by MSTS 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.
15. This Agreement, any addendum(s), and any continuing guaranty, as may be required, is governed by the laws of the State of Texas, without reference to conflicts of laws principals, 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 Texas. Notwithstanding the foregoing, MSTS 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.

16. The Accountholder agrees that in the event of default, MSTs 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.
17. MSTs may offset any amounts owed by Accountholder to MSTs against any claims MSTs has against the Accountholder. To secure all of Accountholder's obligations and liabilities to MSTs under the terms of this Agreement, and all obligations and liabilities of Accountholder to MSTs under any other document or agreement between Accountholder and MSTs executed from time to time, the Accountholder hereby grants to MSTs 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 MSTs for all costs and expenses incurred by MSTs in collection and enforcing its rights hereunder, including but not limited to, late charges and attorneys' fees, if any, incurred by MSTs to collect all amounts due on Accountholder's Account and/or foreclosing on its lien and security interest.
18. The Accountholder represents and warrants to MSTs, with full knowledge that MSTs will be relying on the following, that:
  - (i) The person executing this Agreement on behalf of the Accountholder is:
    - (A) An authorized employee or agent of the Accountholder's company; 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.
19. 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 MSTs 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 due according to the agreed-upon payment terms.
20. If Cards or Account numbers are lost or stolen, it is the Accountholder's responsibility to call MSTs immediately at 1-877-600-3433 to prevent unauthorized usage. Account Numbers will be immediately terminated upon notification. Any unauthorized usage prior to this notification will be the Accountholder's responsibility. Accountholder must follow-up this telephone notification with written notification sent directly to MSTs, P.O. Box 10922, Shawnee Mission, KS 66225-9022, via email or through the program website.
21. This Agreement authorizes MSTs 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 MSTs's willingness to provide the reporting to Accountholder via email, Accountholder agrees that it will not hold MSTs responsible for any email communications intercepted or received by anyone other than the intended recipients. Accountholder hereby releases MSTs 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 MSTs 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.
22. Great Dane AdvantEdge is a registered trademark owned by Great Dane Trailers.
23. 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: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_



**PLEASE FAX TO 912-644-2190 OR EMAIL TO [apmew@greatdanetrailers.com](mailto:apmew@greatdanetrailers.com) AND FORWARD SIGNED ORIGINAL TO:**

**Great Dane Trailers  
ATTN: Abby Mew  
602 E. Lathrop Avenue, Savannah, GA 31415**

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

Please note that these pages may be submitted after credit approval is issued. However, it must be completed before your account can be setup and activated.

**ANNOUNCEMENT APPROVAL \*Optional\***

Will you authorize Great Dane to notify its branches and dealers that your company has enrolled in the Great Dane AdvantEdge program by providing them with your company name and home office (city/state) location?

Yes  No

Note: Your address, individual management names, phone numbers or e-mail address will not be shared. Notification to the branches and dealers of your participation will increase awareness that you are now a member of the Great Dane AdvantEdge program and is solely intended for communication (i.e. non-sale) purposes.

**MEMBERSHIP CARD REQUEST \*Optional\***

Request Physical Membership Cards:  Yes  No

If YES, Number of Membership Cards Requested: \_\_\_\_\_

If requesting multiple cards, choose one of the following:

- Same account number on all cards
- Different account number on each card, with *all* cards tied to the *Parent* location
- Different account number on each card, with *one* card tied to *each* location
- Other (Great Dane AdvantEdge Processing Center will contact you to discuss further options)

**PURCHASE POLICIES \*Optional\***

Would you like for branches and dealers to call you for an approval or P.O.?

Always  Never  Only if a transaction is greater than \$\_\_\_\_\_

If you require branches and dealers to obtain a P.O., are your P.O.s in a particular format?

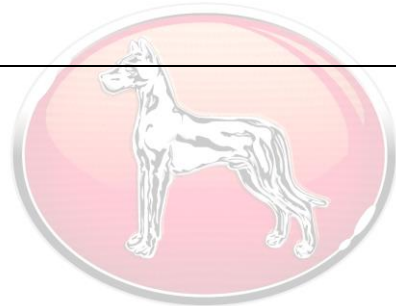
No  Yes - If YES, please provide a separate list of all PO formats. (Example: A####-B#)

Unit Number Required?

Always  Never  Only if Labor is included in the transaction

VIN Required?

Always  Never  Only if Labor is included in the transaction



**Great Dane**

### Additional Customer Locations (if needed)

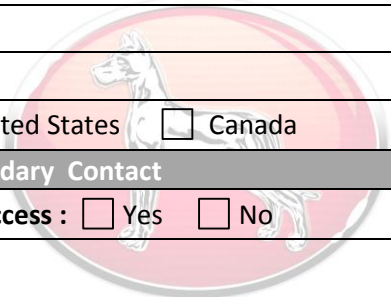
If additional locations are required, please provide information for each location using the fields below. If you would prefer, you may also provide additional location information as a separate Excel or CSV spreadsheet. If you require a spreadsheet template, please call the Great Dane AdvantEdge Processing Center at 1-877-600-3433.

Location Name:
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BILLING CONTACT INFORMATION	
Contact Name:	Address1:
Job Title:	
Phone Number: (    )    -    ext.	City
Cell Number: (    )    -	State:
Fax Number: (    )    -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery and Online Account Access for Billing Contact	
Delivery Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No
Format (for e-mailed bills) <input type="checkbox"/> PDF <input type="checkbox"/> CSV	Invoice Likenesses to accompany billing statement: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY CONTACT INFORMATION (Contact for trailer repair & purchase approvals)	
Contact Name:	Address1:
Job Title:	
Phone Number: (    )    -    ext.	City
Cell Number: (    )    -	State:
Fax Number: (    )    -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery and Online Account Access for Primary Contact	
Delivery Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No

SECONDARY CONTACT INFORMATION (Fleet inventory management and back up for purchase approvals)	
Contact Name:	Address1:
Job Title:	
Phone Number: (    )    -    ext.	City
Cell Number: (    )    -	State:
Fax Number: (    )    -	Zip:
E-mail Address:	Country: <input type="checkbox"/> United States <input type="checkbox"/> Canada
Bill Delivery and Online Account Access for Secondary Contact	
Delivery Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> None	Online Account Access : <input type="checkbox"/> Yes <input type="checkbox"/> No



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