

Dealer Application



Customer Information

Business Name:	Contact Name:		
Address:	City:	State:	Zip:
Phone: ()	Fax: ()		
E-Mail:	Web Address:		
Is Your Business Open Mondays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Hours:		
Business Owner's Name:	Owner's Phone: ()		
Tax ID Number:	Years in Business:		

Payment Terms:

Check Payment Terms Applying For: COD/Cash Credit Card COD/Company Check

Bank Info (Required For Businesses Applying For Payment With COD/Company Check Only)

Bank Name:	Phone: ()
Account Number:	Account Holder's Signature:

Distributor References:

Please list two other major distributors (i.e. Custom Chrome, Drag Specialties, Biker's Choice, Mid-West) that your business currently orders from.

Distributor 1:

Dealer Account:
Sales Rep:
Payment Method: <input type="checkbox"/> COD/Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> COD/Company Check

Distributor 2:

Dealer Account:
Sales Rep:
Payment Method: <input type="checkbox"/> COD/Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> COD/Company Check

Required Documents:

Please include copies of your **business license** and **yellow page ad** with this application. (Include a copy of the phone book page or receipt of your ad if not yet published).

Business Property:

Business Is Zoned: Residential Commercial

Signature: _____

Date: _____