



## DEALER APPLICATION

PLEASE COMPLETE THE FOLLOWING IN FULL. ALL INFORMATION WILL BE HELD IN CONFIDENCE.  
PLEASE ENCLOSE A COPY OF YOUR BUSINESS LICENSE.  
IF ATTACHING AN EXISTING BUSINESS APPLICATION OR BANK AND CREDIT REFERENCE FORM, CHECK HERE:   
ALL APPLICATIONS MUST HAVE OUR PERSONAL GUARANTEE SECTION FILLED OUT AND SIGNED.

CORPORATE / SHOP NAME: \_\_\_\_\_

DBA / TRADE NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

SHIPPING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SHOP CONTACT/PURCHASER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

FEDERAL ID NO: \_\_\_\_\_ RESALE TAX NO: \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION  LLC  PARTNERSHIP  PROPRIETORSHIP

NO. OF YEARS IN BUSINESS: \_\_\_\_\_ NO. OF YEARS AT PRESENT ADDRESS: \_\_\_\_\_

LANDLORD (NAME, ADDRESS, PHONE): \_\_\_\_\_

LIABILITY INSURANCE: YES  NO  INSURANCE COMPANY: \_\_\_\_\_

ADDRESS & PHONE NO: \_\_\_\_\_

### OWNER(S)

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

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

### BANK REFERENCES

BANK: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

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

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_



### TRADE/CREDIT REFERENCES

NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

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

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_ CURRENT TERMS: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

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

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_ CURRENT TERMS: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

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

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_ CURRENT TERMS: \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT

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

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

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

TERMS REQUESTED:      COD       CREDIT CARD       NET 30

### SUMMARY OF TERMS:

**All sales are COD Company Check unless otherwise specified. All returned checks are subject to a \$25 fee.** Checks should be made out to S&M Bikes. In consideration of extension of credit, I agree to pay all invoices in full within the stated terms. Should action be required to collect payment of any past-due account, I agree to pay all costs including but not limited to court costs, attorney's fees, and collection agency charges, which may be incurred or expended. I hereby certify that all the information on this form is complete and correct. I authorize the above listed bank and credit references to release credit information on our company as requested. I also authorize you to inquire with credit reporting agencies on our company.

#### Personal Guarantee

In consideration for the credit extended, the undersigned contracts and guarantees to the faithful payment, when due of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

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

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

PLEASE PRINT NAME: \_\_\_\_\_

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

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