



WESTERN REGIONAL OFFICE
 1347 Tavern Rd. Suite 18434
 Alpine, CA 91901
 (Mailing Address Only)

PH: 619-659-8030
 FX: 619-659-8031
 www.iShock.com

DEALER APPLICATION

GENERAL INFORMATION

DATE : _____

LEGAL BUSINESS NAME : _____

DBA : _____

STREET ADDRESS : _____ SUITE # : _____

CITY : _____ STATE : _____ ZIP : _____

PHONE : _____ FAX : _____ EMAIL : _____

WEBSITE : _____

BUSINESS INFORMATION

FEDERAL TAX ID# : _____

NAME OF OWNER/PARTNER/
 PRIMARY SHAREHOLDER : _____ NAME OF PARTS MANAGER : _____

HOW LONG IN BUSINESS? _____ DO YOU HAVE A STOREFRONT? _____

ARE YOU A FRANCHISE DEALER? _____ IF SO, WHICH ONES? _____

TYPES OF PRODUCTS SOLD : _____

STORE HOURS : _____ DO YOU HAVE MORE THAN
 ONE LOCATION? _____

TERMS REQUESTED

CREDIT CARD : CARD NUMBER : _____ EXP. : _____

COD

APPLY FOR NET 30

BANK NAME : _____ ACCOUNT # : _____ PHONE : _____

TRADE REFERENCES LIST VENDORS/SUPPLIERS IN THE MOTORCYCLE & ATV INDUSTRY WITH WHOM YOU DO BUSINESS

NAME : _____ PHONE : _____ ACCOUNT # : _____

NAME : _____ PHONE : _____ ACCOUNT # : _____

NAME : _____ PHONE : _____ ACCOUNT # : _____

To qualify, you must be a dealer of Vehicles and/or Powersports accessories and operate on a full time basis in an established location. A copy of your yellow page ad or phone bill, business license, and resale permit must be included with this application to be considered. If your business is in CA you must also submit a California Resale Certificate.

I hereby certify that I understand the dealer terms and conditions as set forth by Accelerated Future, LLC. and agree to abide by those terms and conditions. I also certify that the above information is true and correct to the best of my knowledge:

PRINT NAME _____ SIGNATURE _____ TITLE _____

