



17602 SAMPSON LANE, HUNTINGTON BEACH, CA. 92647
PH: (800) 337-8870 FAX: (714) 536-1941

DEALER APPLICATION

MUST INCLUDE COPIES OF YOUR BUSINESS LICENSE & TAX CERTIFICATE,

CORPORATION__ PARTNERSHIP__ SOLE PROPRIETORSHIP__

E-MAIL: _____ (FOR UPS TRACKING# INFO. ONLY)

WEB SITE: _____

STATE SALES TAX #: _____ BUSINESS LICENSE #: _____

COMPANY NAME: _____ YRS IN BUSINESS: _____

BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

SHIPPING ADDRESS:
(IF DIFFERENT THAN BILLING): _____
CITY: _____ STATE: _____ ZIP: _____

APPLICANT'S NAME: _____ POSITION: _____
APPLICANT'S SIGNATURE: _____ DATE: _____

OWNERS NAME(S): _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
OWNERS SIGNATURE(S): _____

BANK NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
YRS DOING BUSINESS WITH: _____ CONTACT: _____

TRADE REFERENCES / MOTORCYCLE PARTS SUPPLIERS ONLY:

COMPANY NAME: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
ACCOUNT: _____ TERMS: _____ EST.: _____

COMPANY NAME: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
ACCOUNT: _____ TERMS: _____ EST.: _____

COMPANY NAME: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
ACCOUNT: _____ TERMS: _____ EST.: _____

www.wild1inc.com mail@wild1inc.com





17602 SAMPSON LANE
HUNTINGTON BEACH
CALIFORNIA, 92647

PHONE: (714) 536-5869
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CREDIT CARD AUTHORIZATION FORM
***** SAVE \$9.00 UPS C.O.D. FEES*****

INSTRUCTIONS: THIS FORM IS TO BE COMPLETED BY AN AUTHORIZED CREDIT CARD HOLDER FOR CARD DESCRIBED BELOW. BY COMPLETING THIS FORM YOU AGREE TO ALL OF THE CONDITIONS SET FORTH. IN ORDER TO PROCESS YOUR ORDER EFFICIENTLY, PLEASE FILL IN ALL BLANK SPACES AS REQUIRED.
THANK YOU.

VISA _____ MASTERCARD _____

CREDIT CARD #: _____ -- _____ -- _____ -- _____

VID#: _____ (LAST THREE #'s ON BACK OF CARD) EXP: _____

NAME AS IT APPEARS ON THE CREDIT CARD: _____

CARDHOLDERS' BILLING ADDRESS AS LISTED WITH CREDIT CARD COMPANY

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

IF THE NAME ON THE CREDIT CARD IS IN THE NAME OF A CORPORATION OR OTHER BUSINESS ENTITY, PLEASE PRINT THE SIGNERS NAME: _____

PLEASE NOTE, OMISSION OF INFORMATION MAY CAUSE DELAY IN THE PROCESS OF YOUR REQUEST

THANK YOU FOR CHOOSING WILD 1 INC., MADE IN THE U.S.A.

ON THE NET www.wild1inc.com
E-mail mail@wild1inc.com