

DEALER APPLICATION

INCLUDE COPIES OF YOUR BUSINESS LICENSE, TAX CERTIFICATE, BUSINESS CARD & A PICUTURE OF THE BUSINESS TAKEN FROM THE OUTSIDE SHOWING SIGNAGE, COPY OK.

STATE SALES TAX #: _____ BUSINESS LICENSE #: _____

COMPANY NAME: _____ YRS IN BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

APPLICANT'S NAME: _____ POSITION: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

OWNERS NAME(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

OWNERS SIGNATURE(S): _____

BANK NAME: _____ ACCOUNT #: _____

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.: _____

COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

ACCOUNT: _____ TERMS: _____ EST.: _____



17602 SAMPSON LANE – HUNTINGTON BEACH, CA 92647

Credit Card Payment Authorization Form

Sign and complete this form to authorize Wild 1, Inc to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I: _____ authorize Wild 1, Inc to charge my credit card for purchases on or after: _____.

Billing Address: _____

City, State, Zip: _____

Phone#: _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: ____/____/____

SIGNATURE: _____

DATE: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.