



3113 S. GRAND AVE.
LOS ANGELES, CA 90007
TEL: (213) 745-8119; FAX: (213) 402-2813

DEALER APPLICATION

(Please fax a copy of your business license with this form.)

BILL TO:

Store Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____ Contact _____

Company Website: _____

Date Store Established _____ Do you have a showroom: _____

If yes, will you be displaying our bikes? _____

SHIP TO: (skip if same as billing)

Store Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

TYPE OF OWNERSHIP (circle one)

Corporation

Partnership

LLC

Sole Proprietorship

Sales Tax Id Number (please fax copy as well): _____

Has the firm or any of its principles ever been bankrupt? Yes _____ No _____

If yes, explain:

TRADE REFERENCES

Name of Company

Telephone

Fax

1) _____

2) _____

3) _____

I, the undersigned, hereby certify that everything stated in the application is correct to the best of my knowledge. I hereby authorize E-ROAD CORP. to check the company's credit history. I also hereby authorize E-ROAD CORP. to respond to inquiries regarding the credit experience with the company.

By: _____ Title: _____ Date: _____

(To all our customers, we do not offer payment terms. All orders must be **paid in full** before pick up or shipping. No exceptions.)

(OFFICE USE ONLY)

APPROVED BY: _____ DATE: _____

NOTES: _____
