



DEALER APPLICATION

Date: _____

Please complete the following in its entirety (all pages), and return to CYCLE VISIONS. Included must be a copy of your business & resale license, and the completed attached California Resale Certificate. We only sell to licensed operations whose primary business is motorcycle sales or service. (If information is faxed, please mail all original copies). Please type or print clearly. Thank you.

Legal Firm Name: _____

Doing Business As: _____

Street Address: _____ City _____ State _____ Zip _____

Billing Address: _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____

Date Business Started _____ Sole Proprietorship Partnership Corporation State of Incorporation _____

* If Sole Proprietor, must include Social Security Number _____

* If Corporation, must include Federal Tax ID Number _____

Store Manager _____ Email _____

Parts Manager _____ Email _____

Bookkeeper _____ Email _____

State Resale Number _____ Website _____

Name of Owners, Partners, Shareholders Address City/State Zip Phone

1 _____

2 _____

3 _____

What are your normal business hours? _____

Bank Information

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contact _____ Account Number _____

Trade Reference (List three motorcycle distributors you are currently doing business with):

Name _____ Account Number _____

Billing Address: _____ City _____ State _____ Zip _____

Phone () _____ Contact Person _____

Name _____ Account Number _____

Billing Address: _____ City _____ State _____ Zip _____

Phone () _____ Contact Person _____

Name _____ Account Number _____

Billing Address: _____ City _____ State _____ Zip _____

Phone () _____ Contact Person _____

This is your authority to furnish information requested regarding my bank accounts to establish C.O.D. Company Check, or Open Account to Cycle Visions.

Signature of individual or name of Corporation, partnership or other. Date

For Office Use Only: _____ Date Received: _____ Date Completed: _____

4263 Taylor Street, San Diego, CA 92110 - Tel (619) 295-7800 Fax (619) 295-7909 - www.cyclevisions.com
www.cyclevisions.com



TERMS AND CONDITIONS:

Payment terms shall be COD or credit card, unless otherwise agreed to in writing.

All open accounts are payable in Net 15. On open accounts the Applicant agrees to pay a finance charge of 1 ½% per month, which is an annual percentage rate of 18%, on the amount of all accounts not paid within 15 days from the date of invoice. Applicant agrees to pay all costs of collection, including reasonable attorney's fees, incurred by creditor in collecting any monies due, whether suit be brought or not.

The undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct and complete, agrees that any credit extended shall be in accordance with the terms and conditions set forth in this Application, and the Applicant and the undersigned accept said terms and conditions and agree to be bound by them.

The undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditor of any and all changes in the information provided.

The law of the State of California shall govern this credit application, and disputes arising under it, and any extensions of credit by the creditor to the Applicant. The Applicant and the undersigned waive the right to trial by jury and the privilege of being sued in the County of their residence in any litigation arising out of this credit application and any extensions of credit pursuant to it. The Applicant and the undersigned agree that any litigation arising hereunder and in connection with the collection of any monies due creditor shall be brought in San Diego County, California.

In order to induce creditor, its successors and assigns, to extend credit to Applicant pursuant to this credit application, the undersigned, individually, unconditionally guarantee performance by the Applicant of its obligations hereunder and payment to creditor, its successors and assigns, of all debts and obligations of Applicant hereafter arising and existing, including, without limitation, all amounts of principal and interest due and all expenses of collection, including reasonable attorney's fees, incurred in the collection thereof or the enforcement of its rights hereunder, whether suit be brought or not.

By: _____
Agent of Applicant and Individually as Guarantor

_____ Date

Print Name



CALIFORNIA RESALE CERTIFICATE

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid seller's permit No. _____ issued pursuant to the Sales and Use Tax Law; That I am engaged in the business of selling _____

That the tangible personal property described herein which I shall purchase from: Cycle Visions
4263 Taylor Street, San Diego, CA 92110

Will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased: _____

Date: _____, 20____

Signature of Purchaser or Authorized Agent

Title

Telephone

NOTE: Please complete and return to Cycle Visions, 4263 Taylor Street, San Diego, CA 92110

PLEASE FAX BACK TO (619) 295.7909

Thank you!

