



XEL CUSTOM CYCLES DEALER APPLICATION

453 South Vermont St Unit H Palatine, IL 60067

847-485-8087

Name of Company: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Primary Tel No: _____ Secondary Tel No: _____

Website: _____

Resale Permit Number: _____

Authorized Personnel to Purchase: _____

Type of Business: _____

Trade References (please provide 2)

Company Name: _____ Phone: _____

Contact Person: _____ Fax: _____

Payment Terms: _____ Dealer No: _____

Company Name: _____ Phone: _____

Contact Person: _____ Fax: _____

Payment Terms: _____ Dealer No: _____

Owners Information

Name: _____ Phone: _____

Home Address: _____

SIGN HERE: _____ DATE: _____

This application **WILL NOT** be approved without the photocopies of your business license

Please email xelcustoms@yahoo.com with all completed items to us, upon review you will be assigned a Dealer CODE to be used at checkout.

WWW.XELCUSTOMCYCLES.COM