



# REBEL OPTICS

## DEALER NON-CREDIT APPLICATION

Company Name \_\_\_\_\_

ID# (FID# in the US ONLY) \_\_\_\_\_

Street \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_  
Country \_\_\_\_\_ State/Providence \_\_\_\_\_  
Zip \_\_\_\_\_

Company Website \_\_\_\_\_

Corporation [  ]      LLC [  ]      Partnership [  ]      Proprietorship [  ]

### PRINCIPAL OWNERS

FIRST, MI, LAST NAME	TITLE	CITY / STATE or Prov	SS #	% OWN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Legal Firm Name \_\_\_\_\_

D/B/A (if any) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

Seller's Permit/ Registration # \_\_\_\_\_ State of Registration \_\_\_\_\_ (State Resale Tax #)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ (Owner, Partner or Corporate Officer)

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Description/Type of Primary Business: (select all that apply) Motorcycle: \_\_\_\_ % & \_\_\_\_% of Metric/V-Twin

Accessory Store  Repair Shop  Internet  Street  Off-Road  ATV  Snowmobile  Watercraft

PLEASE RETURN TO: Rebel Optics L.L.C

ATTN: DEALER SUPPORT

PO Box 438

Laveen, AZ 85339

OR

E-mail: Jminnix@rebelopticsllc.com

Phone Number: 602-456-1222

Contact Information

Accounts Payable Contact \_\_\_\_\_ Email Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

All of our documents are emailed rather than mailed. Identify what name/email addresses you would like these specific documents to go to (there can be more than one for each)

	Name	Email
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1. Warranty Credit Memos: \_\_\_\_\_

2. Credit Memos: \_\_\_\_\_

3. Invoices: \_\_\_\_\_

4. Customer Statements: \_\_\_\_\_

5. Sales Order Confirmations: \_\_\_\_\_

6. Accounts Payable Contact: \_\_\_\_\_