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DEALERSHIP APPLICATION

New customer terms will be CASHIERS CHECK until this application has been processed.

This form must be filled out completely, legibly, and **SIGNED**

See reverse side for open credit application. **Please enclose all of the following:**

A copy of your letterhead, business card, etc.

A copy of your retail seller's permit, city or county business registration.

Photographs of your business (inside and out). **BUSINESS MUST BE SEPARATE FROM YOUR RESIDENCE.**

BUSINESS INFORMATION:

Legal Firm Name _____

Doing Business As _____

Street Address _____

City, State, Zip Code _____

Billing Address _____

Business Phone () _____ Business Fax () _____

Email Address _____

Date Business Started _____ How Long Business In Present Location _____

Name Of Owner, Partner **X** _____ Home Phone # _____

Name Of Owner, Partner _____ Home Phone # _____

Home Address **X** _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

Partnership _____ Corporation _____ Individual Partnership _____ LLC _____ Sole Proprietor _____

State Where Incorporated _____ Date Of Incorporation _____ Federal ID# or SSN _____

Sales Tax# _____

PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS:

Motorcycle Franchise

Retail Chain Or Discount Store

Custom Motorcycles

H-D@# _____

Car Audio Store/Shop

Types _____

Parts & Accessories Only

Other _____

DEALERSHIP VERIFICATION

TO PROTECT OUR DEALERS FROM ABUSE BY PRIVATE INDIVIDUALS OR OTHER TRADES POSING AS QUALIFIED DEALERS, WE DO BUSINESS ONLY WITH LEGITIMATE QUALIFIED DEALERS HAVING A PLACE OF BUSINESS LOCATED SEPARATELY FROM YOUR RESIDENCE,

CREDIT

TO ACCEPT A COMPANY CHECK FOR PAYMENT IS CONSIDERED AN EXTENSION OF CREDIT. TO APPLY FOR C.O.D. COMPANY OR OPEN ACCOUNT, PLEASE PROVIDE THE FOLLOWING INFORMATION . ORDERS WILL BE SHIPPED C.O.D. CASH UNTIL CREDIT IS ESTABLISHED. PLEASE ALLOW 3-4 DAYS FOR PROCESSING.

C.O.D. Cash _____ C.O.D. Company Check _____ Open Account (NET 10) _____ Wire Transfer _____

MasterCard _____ VISA _____ AMEX _____ Discover/NOVUS _____

THIS AUTHORIZES THE USE OF MY MASTERCARD / VISA / DISCOVER / NOVUS / AMEX (circle one) BY UNiQ CYCLE SOUNDS TO PAY FOR ORDERS PLACED BY PHONE EMAIL, OR INTERNET

My MasterCard / VISA / Discover / NOVUS / AMEX (circle one) number is: _____

Expiration Date _____ Cardholder's Name (please print) _____

Billing Address _____ Billing Zip Code _____

Signature _____ Date _____ IF CREDIT CARD ONLY - STOP HERE

PLEASE FILL OUT COMPLETELY TO APPLY FOR C.O.D. COMPANY CHECK OR OPEN ACCOUNTS ONLY

BANK INFORMATION

Bank Name _____ Account # _____

Address _____ Bank Phone # (_____) _____

City, State, Zip Code _____

LIST REFERENCES WHICH ACCEPT YOUR COMPANY CHECK OR EXTEND CREDIT ON ACCOUNT

Name _____ Dealer Account # _____

Address _____ Phone # (_____) _____

City, State, Zip Code _____ Contact _____

Terms With Company: Open C.O.D. Company Check Cash Other

Name _____ Dealer Account # _____

Address _____ Phone # (_____) _____

City, State, Zip Code _____ Contact _____

Terms With Company: Open C.O.D. Company Check Cash Other

Name _____ Dealer Account # _____

Address _____ Phone # (_____) _____

City, State, Zip Code _____ Contact _____

Terms With Company: Open C.O.D. Company Check Cash Other

I AM APPLYING FOR COMPANY CHECK ACCEPTANCE/OPEN ACCOUNT FROM UNiQ CYCLE SOUNDS. PLEASE RELEASE THE INFORMATION NEEDED TO HELP THEM MAKE THEIR DETERMINATION. I HAVE COMPLETED THIS APPLICATION TO OBTAIN CREDIT. I CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE.

I AUTHORIZE UNiQ CYCLE SOUNDS TO CHECK ALL INFORMATION LISTED. THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE. I PERSONALLY GUARANTEE PAYMENT OF ALL MONIES DUE AND OWING, INCLUDING COLLECTION FEES AND/OR ATTORNEY FEES AND COURT COSTS TO UNiQ CYCLE SOUNDS FOR PURCHASES MADE IN THE EVENT

DOES NOT PAY THE AMOUNT DUE.

Company Name (Print)

Owner's signature

Date

If more than one owner, both must sign;

Owner's signature

Date