



Dealer Application

Business Name: _____ Date Business Started: _____

BILLING address: _____ City: _____ State: _____ Zip: _____

SHIPPING address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email : _____

State/County Resale # _____ Federal Tax I.D. # _____

Name of Business Owner: _____ Social Security #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____

Bank Name: _____ Account # : _____

Bank Address _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Persons Authorized to sign checks: _____

Trade References:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Approval of Dealer Application grants Dealer Prices, but DOES NOT grant use of a company check or terms. All new dealers must pay via certified funds, wire transfer or credit card (Visa, Mastercard, Discover, or AMX). If you would like to put a credit card on file with Cycles R Us, please fill out the appropriate fields below.

Credit Card #: _____ Expiration Date: _____ - _____ Security Code: _____

Name on Card: _____

Billing address for card: _____ City: _____ State: _____ Zip: _____

THIS APPLICATION MUST BE RETURNED WITH A COPY OF A BUSINESS CHECK, BUSINESS LICENSE & RESALE PERMIT TO BE APPROVED

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please contact Cycles R Us with any further questions in regards to application. FAX, Mail or EMAIL completed application including Business Check, Business license and Resale Permit to Cycles R Us. Please call to confirm receipt of application. Upon approval, dealer pricing will be sent. Thank you for your interest in CRU products.

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