



### Dealer Application

As a Dealer you agree to not advertise prices below the MAP price (Manufacturers Advertised Price) as listed on our Price Sheet. CRU Products/Cycles R Us reserves the right to terminate future sales if dealers do not comply with this policy.

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: \_\_\_\_\_

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.