

Battistinis Custom Cycles, LLC.
DEALER APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:			
Owner/Manager Name:			
Title:			
Phone:		Fax:	
Company URL:		E-Mail:	
Bill to Street Address:			
City:		State/Province:	ZIP/Postal Code:
Country/Region:		Date Business Commenced:	
Ship to Street Address:			
City:		State/Province:	ZIP/Postal Code:
Country/Region:		How long at Ship To Address:	
Sole Proprietorship:	Partnership:	Corporation:	Other:
Primary Contact:		Phone:	
E-Mail:		Fax:	
Alternate Contact:		Phone:	
E-Mail:		Fax:	

CREDIT AND TAX INFORMATION

Tax Exempt: Y / N	Resale #: _____
Type of account: CREDIT CARD ONLY	
Credit Card Information:	Type: (Please Circle) Mastercard VISA
Name on Card:	Card Number:
Expiration Date:	

AGREEMENT

1. Claims arising on shipments and/or invoices must be made in writing within seven days of receipt to Battistinis Custom Cycles, LLC.

SIGNATURE

	Please return to: Battistinis Custom Cycles, LLC. 1401 North Batavia Street Suite 109 Orange, CA 92867 Email: Info@BattistinisUSA.com
Title:	
Date:	