



# dealer application

Type into the following fields and print this document. Adobe Reader will not save information that has been entered.

Credit Card    COD    Credit Terms Request (Complete the credit section below to apply for payment terms.)  
Master Card, Visa, or American Express information is filed upon initial order.

## COMPANY PROFILE

Trade Name (DBA): \_\_\_\_\_ Fed Tax #: \_\_\_\_\_ Resale #: \_\_\_\_\_  
Legal Business Name: ( Same) \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

### Billing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Shipping Address: ( Same as Billing Address?)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_  
Accounting Contact: \_\_\_\_\_ Accounting E-mail: \_\_\_\_\_  
Principle/Officer Contact: \_\_\_\_\_ Principle E-mail: \_\_\_\_\_  
Principle/Officer Personal Phone: \_\_\_\_\_ Account Requested By: \_\_\_\_\_

Sole Proprietorship    Partnership    LLC    Corporation    Year established by current owner: \_\_\_\_\_

## FRANCHISE DEALER

Honda            KTM            Arctic Cat            Sea-Doo  
Kawasaki        European        Can-Am            Other:  
Suzuki           Harley/Cust.    Polaris            \_\_\_\_\_  
Yamaha          Victory          Asian            \_\_\_\_\_

## DETAILS

Dirt Bikes            Golf  
Street Bikes        Water Sports  
Custom Bikes        Snow Sports  
ATV - UTV            Automotive

## VENDOR REFERENCE / COMPANY BANK INFORMATION

1. Vendor: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
2. Vendor: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
3. Vendor: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
4. Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Credit Terms Applicants Only - Below This Line

Requested Credit Limit: \_\_\_\_\_ Approx. Annual Purchases:    0-10k    11-25k    26-50k    51-100k    100k+

Company Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

I personally and unconditionally guarantee to be individually responsible for all debts incurred by the above named company and its representatives. This guaranty is continuing and shall continue to apply to all indebtedness which may herby incur renew or extend in whole or in part with Advantage Performance Distributing, Inc. without notice to the undersigned Guarantor. I grant security interest for all inventory proceeds sold to us by Advantage Performance Distributing, Inc. I agree to pay all balances when due pursuant to the terms sale. I further agree to pay all carrying charges for any balances that become past due at a rate of 1½% per month as well as all collection costs and attorneys fees in the event that action is commenced against the company for non-payment. Signature affirms that the above information is correct.

Printed Name of authorized agent    Title    SIGNATURE of authorized agent    Date

HOME ADDRESS (required)    SOCIAL SECURITY #



# internet order application

ADVANTAGE DEALER # \_\_\_\_\_ DATE \_\_\_\_\_

DEALER NAME \_\_\_\_\_

### PRIMARY USER INFORMATION (SUPERVISOR)

*(Supervisor receives all APD ORDER e-mail notifications for each additional user.)*

**NOTE: THE IP ADDRESS FOR EACH LOGIN SESSION WILL BE RECORDED TO HELP DETER UNAUTHORIZED ACCESS.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position / Title \_\_\_\_\_ E-Mail \_\_\_\_\_

*email address must be unique from other users to receive user specific email notifications such as order confirmations and forgotten password info.*

FOR APD USE ONLY

**NOTE: THE IP ADDRESS FOR EACH LOGIN SESSION WILL BE RECORDED TO HELP DETER UNAUTHORIZED ACCESS.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position / Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Allow user to submit online orders?  YES  NO

*email address must be unique from other users to receive user specific email notifications such as order confirmations and forgotten password info.*

FOR APD USE ONLY

**NOTE: THE IP ADDRESS FOR EACH LOGIN SESSION WILL BE RECORDED TO HELP DETER UNAUTHORIZED ACCESS.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position / Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Allow user to submit online orders?  YES  NO

*email address must be unique from other users to receive user specific email notifications regarding placed orders, changes to user specific login I.D. or password information*

FOR APD USE ONLY

**NOTE: THE IP ADDRESS FOR EACH LOGIN SESSION WILL BE RECORDED TO HELP DETER UNAUTHORIZED ACCESS.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position / Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Allow user to submit online orders?  YES  NO

*email address must be unique from other users to receive user specific email notifications regarding placed orders, changes to user specific login I.D. or password information*

FOR APD USE ONLY

**NOTE: THE IP ADDRESS FOR EACH LOGIN SESSION WILL BE RECORDED TO HELP DETER UNAUTHORIZED ACCESS.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position / Title \_\_\_\_\_ E-Mail \_\_\_\_\_

Allow user to submit online orders?  YES  NO

*email address must be unique from other users to receive user specific email notifications regarding placed orders, changes to user specific login I.D. or password information*

FOR APD USE ONLY

I hereby authorize the above employees to utilize online ordering from Advantage Performance Distributing, Inc. for my company. I understand that all orders placed online will be subject to my current account terms and conditions. I understand that it is the responsibility of the Dealer to keep User Names and Passwords confidential.

\_\_\_\_\_  
PRINTED NAME of authorized agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
SIGNATURE of authorized agent

\_\_\_\_\_  
Date