



## DEALER APPLICATION

### BUSINESS CONTACT INFORMATION

Contact Name:

Company name:

Website: http://

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Hours of operation:(M-F)

(Sat.)

(Sun.)

Sole proprietorship

Partnership

Corporation

LLC

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Own or Rent?

Telephone:

Fax:

E-mail:

Bank name:

Contact:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

### AGREEMENT

By submitting this application, you authorize DBA EZRYDE INC to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Printed Name:

Title:

Date:

Printed Name:

Title:

Date:

