



# Kustomwerks, Inc.

1200 South Park Drive, Kernersville, NC 27284  
 Phone (800) 498-4711 Fax (800) 498-4712

## DEALER/CREDIT APPLICATION

Please complete the following and return to Kustomwerks, Inc. Fill in all information as requested and include a copy of your Sales Tax certificate. Any omission of information or of your Sales Tax certificate will cause untimely delays in processing

Legal Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Doing Business As \_\_\_\_\_ Tax ID # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_  
 Type of Business: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
 Name of Owners, Partners, Shareholders. Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### BUSINESS CREDIT REFERENCES

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Account # \_\_\_\_\_  
 \_\_\_\_\_

**No credit terms will be offered other than COD or Credit Card without verification of your bank information!**  
 (Vendors should include motorcycle distributors who currently accept your co. ck or extend you credit on an open account.)

Vendor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Account # \_\_\_\_\_  
 \_\_\_\_\_

Vendor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Account # \_\_\_\_\_  
 \_\_\_\_\_

Vendor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Account # \_\_\_\_\_  
 \_\_\_\_\_

### YOUR INFORMATION

Store Manager \_\_\_\_\_ Parts Manager \_\_\_\_\_  
 Bookkeeper \_\_\_\_\_ Parts Buyer \_\_\_\_\_  
 State Resale Number \_\_\_\_\_ Do you require a Purchase Order? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Type of Franchise: Franchised Dealer (State Make) \_\_\_\_\_ Franchise Number \_\_\_\_\_  
 Accessory Store \_\_\_\_\_ Used Bike \_\_\_\_\_ Repair \_\_\_\_\_  
 Account applying for? C.O.D. Cash/Cert Ck/MO \_\_\_\_\_ C.O.D. Company Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Open Account \_\_\_\_\_

**TERMS & CONDITIONS:** Applicant warrants that all of the above information is true and correct. Applicant authorizes Kustomwerks, Inc., its successors and assigns, to obtain credit information pertaining to Applicant's financial responsibility. If credit is granted, Applicant agrees that all invoices will be paid promptly according to Kustomwerks, Inc.'s payment terms. Applicant agrees to pay a 1 1/2% per month service charge on any unpaid balance due, and if for any reason the account is not paid when due and collection is required, Applicant will pay Kustomwerks, Inc.'s costs of collection, including reasonable attorney's fees. Applicant agrees that the General Courts of Justice in Forsyth County, North Carolina, shall have exclusive jurisdiction and venue over any dispute arising between Applicant and Kustomwerks, Inc. Applicant understands and agrees that any executed fax printout of this Agreement requested and received by Kustomwerks, Inc. is intended to be an original counterpart to this Agreement.

### SIGNATURE OF PRINCIPAL IS TO BE ACCEPTED AS AUTHORIZATION TO RELEASE INFORMATION

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Type or Print Name \_\_\_\_\_

INCLUDE YOUR SALES TAX CERTIFICATE