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## DEALER APPLICATION

Business Name \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Business Address \_\_\_\_\_

Phone : (    ) \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_

Delivery Address \_\_\_\_\_  
(If Different) \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Website \_\_\_\_\_

Two (2) business references:

Tax Permit # \_\_\_\_\_  
Business License # \_\_\_\_\_  
Resale # \_\_\_\_\_

Corporation Yes ☐ No ☐

Persons Authorized To Place Orders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year Business Started \_\_\_\_\_

Business Hours \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

AUTHORIZING SIGNATURE \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

THIS SIGNATURE AUTHORIZES THE RELEASE OF BANK INFORMATION TO AMERICAN MADE KNUCKLES FOR COMPANY CHECK APPROVAL.

### CREDIT CARD INFORMATION

Credit Card # (Visa or M/C) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Issuing Bank \_\_\_\_\_

I authorize the use of the above credit card for purchases from American Made Knuckles, as I request future orders.

Signature \_\_\_\_\_ DATE \_\_\_\_\_