



DEALER APP CHECKLIST

Big Gun, Inc.

190 Business Center Dr. | Unit B

Corona, CA 92880

Ph (714) 970-0423 | Fax (714) 970-0542

www.biggunexhaust.com

CHECKLIST

Please make sure to send **ALL** of the following items to us by fax or email:

1. Dealer Application
2. Credit Card Authorization Form
3. Current Business License / Seller's Permit
4. Signed Resale Certificate (*California Only*)

FAX: (714) 970-0542

EMAIL: sales@biggunexhaust.com

TERMS

All forms must be filled out completely. All forms must be signed and dated by an authorized officer or principal with the exception of the business license / seller's permit. Failure to send in all required forms can result in delays in processing your application. If you have questions about what forms to send in, please contact a Big Gun Exhaust representative. Emailed forms must contain written signatures.



DEALER APPLICATION

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BASIC COMPANY INFO

Company Name:				Phone:				Fax:							
DBA: <i>(If applicable)</i>															
Bill To Address:						Ship To Address:									
City:		State / Province:		Postal Code:		Country:		City:		State / Province:		Postal Code:		Country:	
Buyer / Contact Name:						Phone:			Email:						
Accounts Payable Contact:						Phone:			Email:						

LEGAL COMPANY INFO

Type of Organization: *(Circle all that apply)* Motorcycle/ATV Dealership Parts Dealer Wholesale Distributor _____

Business Type: *(Circle one)* Corporation S- Corporation LLC Partnership Sole-Proprietor

Years in Operation: _____ **Building:** Owned or Leased **Other Exhaust Brands Sold:** _____

Name of Officers or Principals:	Title:
1. _____	_____
2. _____	_____

Resale Number: _____ **Business License # / Tax ID #:** _____

REFERENCES

Bank References (name and account):	Contact:	Phone:
_____	_____	_____
Trade References	Contact:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

TERMS & CONDITIONS

*****INCLUDE A COPY OF YOUR BUSINESS LICENSE AND RESALE INFORMATION WHEN SENDING THIS IN*****

Retailer warrants to Big Gun, Inc. that the above information (including attachments) is complete, true, and accurate. Retailer agrees that a representative of Big Gun, Inc. may contact any person(s) named above for verification of facts about Retailer. Retailer agrees to make payments in accordance with the terms of the invoice or be subject to forfeiture of trade discounts. A "Wire Transfer Fee" is added to all orders that are paid by wire transfer. Interest will be added to past due invoices at a rate of 1.5% per month of any unpaid balance. If payment is returned to Big Gun, Inc. due to insufficient funds, Retailer will be responsible for 5% of the check or \$25.00 (whichever is greater). In case it becomes necessary for Big Gun, Inc. to retain the service of an attorney to assist in the collection of any amount past due, Retailer agrees to pay Big Gun, Inc. reasonable attorney's fees and court costs.

_____	_____	_____
Signate of Authorized Officer or Principal	(Print Name)	Date



CREDIT CARD AUTHORIZATION FORM

Big Gun, Inc.

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Note: Our credit department requires this form to be filled out in its entirety.

BILLING INFO

Company Name:		Cardholder Name:		
Card Billing Address:				Phone #:
City:	State/Province:	Zip/Postal Code:	Country:	Fax #:

CARD INFO

Card Type: (Circle One) VISA MasterCard Discover American Express

Card Number:	Expiration Date:	Security Code:
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SIGNATURE

I hereby authorize Big Gun, Inc. to use the credit card information noted on this form for my order(s) and keep this information on file for future transactions.

<hr/> Signate of Cardholder or Authorized Officer or Principal	<hr/> Print Name	<hr/> Date
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