



DEALER APPLICATION

Thank you for inquiring about GPR Stabilizer and Valter Moto Components. To process your order, please fill out ALL of the enclosed dealer application & related documentation.

The undersigned furnishes the following as being a true and correct Statement of Personal and Financial Information. Please fill in ALL fields/pages so we can process your application immediately. If you leave some fields/pages blank, your application will NOT be approved. Fax everything back to us and we'll get your account & order processed asap. We will need the original documents snail mailed back to us WITH your signature on them, along with a copy of your resale cert

Store Info

Store Name: _____

DBA: _____

Bill To Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Website: _____

Phone 2: _____ Email: _____

Fax: _____ # of Stores: _____

Ship To Address: _____

(For multiple locations, attach a separate sheet with all the info above for each location. Please read our terms & conditions statement for multiple locations. If Bill To & Ship To are the same, just write "Same" on the 'Ship To' address field and skip the city, state & zip info below)

City: _____ State: _____ Zip: _____

EIN #: _____

Business Class (please check one): Partnership Corp Sole Proprietor

Business Type (please check one): Retailer Distributor Internet

Business Start Date: _____ Yrs at Present Address: _____

Incorporation Date: _____ Accts Payable Contact: _____

Sales and/or Tax Exempt?: Yes No (If yes, please fill out the attached resale certificate. Accts and orders will NOT be processed until we have a signed resale certificate on file for your business)

Contact Info

Owner(s)/Principal(s): 1 _____ Authorized Buyer(s): 1 _____

2 _____ 2 _____

Shipping Instructions: _____
(All orders shipped UPS Ground unless specific instructions are listed above or with individual orders when placed)