



KRAFT/TECH, INC. 28420 AVENUE STANFORD VALENCIA, CA 91355  
TEL: 661-775-7555 / FAX: 661-775-7557

## DEALER/CREDIT APPLICATION o n l i n e

Applications cannot be considered unless they are signed by the owner, partner or corporate officer. Please complete & mail to the above, together with a copy of your business license, sales tax certificate & photos of your business location.

Legal Firm Name \_\_\_\_\_ Date \_\_\_\_\_  
Doing Business As \_\_\_\_\_ Year Established \_\_\_\_\_  
Street Address \_\_\_\_\_ State Sales Tax # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Address (If different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_ Federal I.D # \_\_\_\_\_  
Type of Business :  Franchised Dealer  Custom Builder  Accessory Store  Used Bikes/Repair

Please check one : Proprietorship  Partnership  Corporation  State of Incorporation \_\_\_\_\_

Name of Owner/Partner \_\_\_\_\_ S.S. # \_\_\_\_\_ Home Tel: ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Owner/Partner \_\_\_\_\_ S.S. # \_\_\_\_\_ Home Tel: ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### BUSINESS CREDIT REFERENCES:

Bank Name \_\_\_\_\_ Tel: ( ) \_\_\_\_\_  
Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Account No. \_\_\_\_\_ Contact Name \_\_\_\_\_

**TRADE REFERENCES** ( Please list three firms with whom you do business and currently accept your company check or extend you credit on an open account ) :

Name \_\_\_\_\_ Dealer Account No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax #( ) \_\_\_\_\_

Name \_\_\_\_\_ Dealer Account No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax #( ) \_\_\_\_\_

Name \_\_\_\_\_ Dealer Account No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax #( ) \_\_\_\_\_

Please establish a: CASH  COD (Company Check)  Credit Card  OPEN ACCOUNT

I the undersigned certify that the information provided is true and correct. I authorize Kraft/Tech, Inc. its successors and assigns to check any and all information provided for the purpose of establishing an account with Kraft/Tech, Inc. The undersigned promises to pay all purchases in full and in accordance with Kraft/Tech's terms of sale. If at any time for any reason the undersigned is unable to pay for purchases when due, the undersigned agrees to pay a 1-1/2% per month service charge on any unpaid balance due. In the event it becomes necessary for Kraft/Tech to incur collection costs or institute suit to collect any amount due under this agreement or any portion hereof, the undersigned promises to pay such additional collection costs charges and expenses including reasonable attorney's fees. I understand that all account balances must be payable to Kraft/Tech, Inc. at the address specified on invoices or statements. The undersigned agrees that the Courts of Justice of Los Angeles County, State of California, shall have exclusive jurisdiction and venue over any dispute arising between applicant and Kraft/Tech, Inc. The undersigned understands and agrees that any executed fax printout of this agreement requested and received by Kraft/Tech, Inc. is intended to be an original counterpart to this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_