



MAGnet Force
 17771 Mitchell No
 Irvine CA 92614
 phone: 855-563-7943
 fax: 949.325.0944

Dealer Application

BILLING INFORMATION

Legal Business Name		DBA Name	
Street Address		E-Mail	Website
City	State	Zip	D&B #:
Federal Tax # (EIN)		State Tax (Resale) #	

SHIPPING INFORMATION

*If there is more than one Ship To address, please attach list on separate sheet

Name		Phone #	
Street Address		Fax #	
City	State	Zip	Country

Business Ownership (circle one)	Partnership	Corporation	Individual	Other _____
Terms Requested (circle one)	Credit Card	COD	Net 30	Other _____
Business Type (circle one)	Motorcycle / Accessory	Apparel	Other _____	

PRINCIPAL INFORMATION

* Required if Partnership or Individual

Name of Owner / Partner	Home Address	City, State, Zip	Home Phone #

TRADE REFERENCES

* List only those you buy from on open account

Name	Address	Phone #
Account #	City, State, Zip	Fax #
Name	Address	Phone #
Account #	City, State, Zip	Fax #
Name	Address	Phone #
Account #	City, State, Zip	Fax #

BANK INFORMATION

Bank Name	Address		
Account #	Phone #	Contact Name	

CREDIT CARD INFORMATION

* Must be completed if making payment by Credit Card

Credit Card #	Exp. Date	CSC #	
Cardholder Name	Cardholder Phone #		
Billing Address			
I authorize the use of the Credit Card for purchases from MAGNet Force, LLC as I request future orders. I also authorize the use of the Credit Card for shipping charges as necessary, including shipping charges on refused packages.			
Signature	Print Name	Title	Date

The above information is provided by the undersigned for the purposes of obtaining credit from MAGNet Force, LLC. The undersigned herein authorizes the release of information with respect to the above, and authorizes MAGNet Force, LLC to make all necessary credit inquires.

Legal Officer or Authorized Agent:

Signature _____	Title _____
Print Name _____	Date _____

For office use only

May 2011

Date	Status	Limit	Account Number
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