



Excalibur Motorsports

19295 E. Walnut Dr. North, Suite H
City of Industry, CA 91748
909-591-8800, Fax 909-457-4241

Instructions: Please print or type. Fill in all spaces and complete by signing where indicated. Please return this application and any supplementary information to the address above or fax to **909-457-4241**.

Dealer Application Form (Short)

Business Name: _____

Business activity: _____

Business address: _____

City: _____, State: _____ Zip: _____

Shipping address: _____

Loading Instruction (Please circle): **Dock (Y / N)** **Fork Lift (Y / N)**

Phone #: _____ **Fax #:** _____ **Cell #:** _____

Year established: _____ **Years in business at above address:** _____

State & Resale Tax #: _____ **Federal Tax ID #:** _____

Entity Type: Corporation Sole Proprietorship
 Partnership Other _____

Email: _____ **Website:** _____

Purchase Order Personnel: _____

Service & Parts Personnel(s): _____

Principals of Company

Name: _____ **Title:** _____

Other Product Lines: _____

By signing this APPLICATION, you acknowledge all the information above is all true and accurate.

Signature: _____

Related industrial trade references (name, address, contact person and phone#)

1. _____
2. _____

After completion of this application, please **fax along with your STATE LICENSE** to **909-457-4241** or email to **sales@tgbscooters.us** (Website: tgbscooters.us and www.atv4usa.com)