



K&L SUPPLY CO.,INC. - DEALER APPLICATION

A completed application does NOT guarantee acceptance as a K&L Supply Dealer. but an incomplete application may be denied.

All customers must provide the following:

- Current Business License
- Federal/State tax I.D. certificate
- Photo of Store Front with Signage
- Copy of Industry related invoice
- Copy of State Resale Permit (if applicable)
California shops MUST also provide:
- California Resale Card

How did you hear about K&L Supply?	Survey Code(Mark one):
	<input type="checkbox"/> YAM <input type="checkbox"/> DLR <input type="checkbox"/> FMR <input type="checkbox"/> IND <input type="checkbox"/> REF <input type="checkbox"/> WEB <input type="checkbox"/> MPN <input type="checkbox"/> MI <input type="checkbox"/> LST <input type="checkbox"/> PUB

Type of Business (check all that apply):

<input type="checkbox"/> Independent	<input type="checkbox"/> Government
<input type="checkbox"/> Mfg	<input type="checkbox"/> Franchise ; Brand(s)
<input type="checkbox"/> Hon	<input type="checkbox"/> Kaw
<input type="checkbox"/> Suz	<input type="checkbox"/> Yam
<input type="checkbox"/> KTM	<input type="checkbox"/> H-D
<input type="checkbox"/> Dcati	<input type="checkbox"/> BMW/ Triumph
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Parts/Acces.	<input type="checkbox"/> Salvage
<input type="checkbox"/> Hi-perf	<input type="checkbox"/> ATV
<input type="checkbox"/> Dirt	
<input type="checkbox"/> Service	<input type="checkbox"/> Snomobile
<input type="checkbox"/> Watercraft	<input type="checkbox"/> Machine shop

Legal Firm Name: _____ Telephone: _____ Fax: _____

Doing Business As : _____ Number of years in business: _____

Mailing address: _____

Shipping address (write SAME, if same) _____ Give previous address: _____

website: _____ e-mail: _____ EIN: _____ D&B: _____

Check all that apply: Corporation Partnership Individual Incorporated in last 12 months

Name President/Owner: _____ Home address: _____ Home phone: _____ Social Security # _____

Name VP/ Partner (if applicable): _____ Home address: _____ Home phone: _____ Social Security # _____

Name Secretary/ Partner (if applicable): _____ Home address: _____ Home phone: _____ Social Security # _____

Name A/P Contact:: _____ Telephone /Ext.: _____ Fax: _____ e-mail: _____

Name of Bank: _____ Account Rep: _____ City / State/ Zip: _____ Telephone: _____

REFERENCE (Powersports only):

Name & address: _____ Telephone: _____ Fax: _____

Name & address: _____ Telephone: _____ Fax: _____

Name & address: _____ Telephone: _____ Fax: _____

- By signing this application, you authorize K&L Supply Co Inc to obtain personal credit reports to be used in connection with this application and to further credit information from any of the persons or firms set forth in this application and any other source. It further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to K&L Supply Co Inc which will assist in a credit investigation.
- The undersigned acknowledges all information furnished is true and correct, and will be relied upon in granting credit, if approved. In that event, all monthly accounts are due by the 15th of the month following purchase. At the end of that month, any unpaid balance will be subject to a finance charge of 1½ % per month simple interest; annual percentage rate 18%.
- In addition, the undersigned further agrees that product purchased will remain the property of K&L Supply Co Inc until it is paid for in full and personally guarantees all debts to K&L Supply Co Inc. In the event of default in any payment the signer agrees to pay all costs of collection, including but not limited to, attorneys fees, court costs, and collection agency fees.

Type of Account you are requesting with K&L Supply, Co.: C.O.D. Company Check Credit /Debit Card Open N-30

Signature of Owner /Corporate officer only _____ Date _____

Print name and title _____

Signature of Partner (if applicable) _____ Date _____

Print name and title _____

Signature of Partner (if applicable) _____ Date _____

Print name and title _____

Customer Requests (check one):

C.O.D. Co. Check Account _____

Prepay: Credit/Debit Account _____

Terms; Open N - 30 Account _____

OFFICE USE ONLY

Sales Rep: _____

Approved by: _____ Date: _____

For (Type of Account): _____