



iSHOCK[®]
HYDRODYNAMICS USA

WESTERN REGIONAL OFFICE
9303 BOND AVE. SUITE C
EL CAJON, CA 92021

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iShock.com

DEALER APPLICATION

GENERAL INFORMATION

DATE : _____

LEGAL BUSINESS NAME : _____

DBA : _____

STREET ADDRESS : _____ SUITE # : _____

CITY : _____ STATE : _____ ZIP : _____

PHONE : _____ FAX : _____ EMAIL : _____

WEBSITE : _____

BUSINESS INFORMATION

FEDERAL TAX ID# : _____

NAME OF OWNER/PARTNER/
PRIMARY SHAREHOLDER : _____ NAME OF PARTS MANAGER : _____

HOW LONG IN BUSINESS? _____ DO YOU HAVE A STOREFRONT? _____

ARE YOU A FRANCHISE DEALER? _____ IF SO, WHICH ONES? _____

TYPES OF PRODUCTS SOLD : _____

STORE HOURS : _____ DO YOU HAVE MORE THAN
ONE LOCATION? _____

TERMS REQUESTED

CREDIT CARD : CARD NUMBER : _____ EXP. : _____

COD

APPLY FOR NET 30

BANK NAME : _____ ACCOUNT # : _____ PHONE : _____

TRADE REFERENCES LIST VENDORS/SUPPLIERS IN THE MOTORCYCLE & ATV INDUSTRY WITH WHOM YOU DO BUSINESS

NAME : _____ PHONE : _____ ACCOUNT # : _____

NAME : _____ PHONE : _____ ACCOUNT # : _____

NAME : _____ PHONE : _____ ACCOUNT # : _____

To qualify, you must be a dealer of motorcycles and/or motorcycle accessories and operate on a full time basis in an established location. A copy of your yellow page ad, business license, and resale permit must be included with this application to be considered. If your business is in CA you must also submit a California Resale Certificate.

I hereby certify that I understand the dealer terms and conditions as set forth by HydroDynamics USA, Inc. and agree to abide by those terms and conditions. I also certify that the above information is true and correct to the best of my knowledge:

PRINT NAME _____ SIGNATURE _____ TITLE _____

