



Dealer Application

Date: _____

Sumax Cycle Products
122 Clear Rd Oriskany, NY
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**Note: For Dealer acceptance the following application must be completed and the following items need to be provided: a copy of the business license, tax ID #, and photos of both the inside and outside of the shop.*

Company Information:

Business Name: _____ Business Phone: _____
Shipping Address: _____ Business Fax: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Website: _____
Year Started: _____ Daily Hours: _____ Closed on: _____ No. of Employees: _____

Owners Name: _____ Owners Address: _____
City: _____ State: _____ Zip: _____

Type of Business-Franchise Brands: _____
Parts Mgr. / Buyer Name: _____
Service Contact: _____ Dyno? Y N Type: _____
Resale Tax ID: _____ Federal Tax ID: _____ State: _____

Bank Information:

Bank Name: _____ Phone: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____

Business Reference:

Name: _____ City, State: _____ Phone: _____
Since: _____ Terms: Cash Check CC Open Account# _____ Contact: _____
Name: _____ City, State: _____ Phone: _____
Since: _____ Terms: Cash Check CC Open Account# _____ Contact: _____
Name: _____ City, State: _____ Phone: _____
Since: _____ Terms: Cash Check CC Open Account# _____ Contact: _____