



# Excalibur Motorsports

14020 Central Ave. Suite 530

Chino, CA 91710

909-591-8800, Fax 909-591-8808

## Dealer Application Form (Short)

Legal firm name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Primary business activity: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

### Principals of Company

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street address City State Zip code

**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. \_\_\_\_\_
3. \_\_\_\_\_

After completion of this application, please fax along with your STATE LICENSE to 909-591-8808 or email to info@atv4usa.com.