



Excaltbur 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.