



Thrill Ride Sport
 Jack Daniel's Rider Collection
 27 Rancho Circle
 Lake Forest, California 92630
 (949) 951-3141 – (800) 396-3141
 (949) 951-2728 fax

DEALER APPLICATION

COMPANY: _____ DBA: _____

TERMS REQUESTED: NET 30 / CREDIT CARD / COD (on exception): _____

PHONE NUMBER: _____ FAX NUMBER: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNTING CONTACT: _____

E-MAIL: _____ WEBSITE: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF ENTITY:

- CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP
 LIMITED LIABILITY COMPANY LIMITED PARTNERSHIP

DATE BUSINESS ESTABLISHED: _____ # OF LOCATIONS FOR THIS COMPANY: _____

FEDERAL TAX I.D. #: _____ RESALE LICENSE #: _____
 (CA Companies must complete CA Resale License Form)

A. If Corporation please complete:

Corporate Legal Name _____

Parent Company: _____

B. If Partnership or Sole Proprietor please complete:

Owner _____ Social Security #: _____

Home address _____

City _____ State _____ Zip Code _____ Home Telephone _____

Partner's Name: _____ Social Security #: _____

Home address _____

City _____ State _____ Zip Code _____ Home Telephone _____

C. IF IN BUSINESS LESS THAN ONE YEAR, PLEASE COMPLETE THE FOLLOWING

Name of Previous Business, If Any _____

Address: _____ City: _____ State: _____

D. BANK REFERENCES

Name: _____ Account #: _____ Telephone #: _____ Contact Person: _____

Address: _____ City: _____ St: _____ Zip: _____

Name: _____ Account #: _____ Telephone #: _____ Contact Person: _____

Address: _____ City: _____ St: _____ Zip: _____

E. TRADE REFERENCES: (please list)

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

Customer authorizes Thrill Ride Sport, Inc. or its agent to obtain an Experian credit report for the purpose of establishing, maintaining or enforcing a credit relationship. Upon approval of credit, I/We agree to pay our account according to the terms granted and I/We acknowledge that I/We have read and fully understand this application.

If credit is granted I/We promise to pay bills when rendered. I/We understand all invoices are payable Net 30 days from invoicing and that a service charge of 1_% per month will be added to my/our past due account. In the event payment is not made and my/our account is referred to a collection agency, I/We will pay reasonable attorney's fees resulting from such action I/We authorize the above Bank(s) and trade references to release any credit or financial information that may be requested and further agree, if credit is granted, to comply with the above items.

Name _____ Title _____ Signature _____ Date _____

PERSONAL GUARANTEE

The undersigned guarantees fully, without reservation or offset, the payment of any sums due from the above noted "Applicant" in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. The undersigned hereby gives permission to use any tools necessary to determine credit worthiness.

Name: _____ Social Security #: _____ -- _____ -- _____ Signature: _____ Date: _____

Home Address: _____

Limit of Personal Guarantee: _____