



# EC DEALERS WHOLESALE APPLICATION

Legal Business Name: \_\_\_\_\_

## BILLING INFO

Street Address: \_\_\_\_\_

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

## SHIP TO (SKIP IF SAME AS BILLING INFO)

Street Address: \_\_\_\_\_

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

## CONTACT INFO

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## TYPE OF BUSINESS (CHECK ALL THAT APPLY)

Storefront  Ecommerce  Auto Dealership  Wholesale/Warehouse  Other

Est. Date: \_\_\_\_\_ Tax ID/EIN: \_\_\_\_\_

Email Reseller Permit And/Or Business License To: [dealers@extremecustoms.com](mailto:dealers@extremecustoms.com)

Or Fax To: 920-232-3515

## OWNER INFO:

Owner's Name: \_\_\_\_\_

If partnership, list partners names: \_\_\_\_\_

All the information above is correct and truthful to the best of my knowledge. I'm aware that the terms and conditions are listed on ExtremeCustoms.com and I read them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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