



Home of the Primo HD Xtreme™

DEALER APPLICATION

SHOP NAME _____ PHONE # _____
ADDRESS _____ fax # _____
Shipping address _____ Owners Name _____
Email _____ Website _____
CITY _____ STATE _____ P. Code _____ Country _____

TYPE OF BUSINESS

PARTS ____ REPAIR/SERVICE ____ DISTRIBUTOR ____ NEW VEHICLE ____
YEARS IN BUSINESS _____ FULL TIME ____ PART TIME ____
IS THIS BUSINESS LISTED IN THE YELLOW PAGES? _____

BANK REFERENCE

BANK NAME _____ PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
ACCOUNT NUMBER _____

TRADE REFERENCES

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

Do any of the above references accept your company check? _____

Please include a copy of your State or City TAX license with this application, and a color photo of your store front with the address visible!

Signature _____ Title _____

12450 Whittier Blvd, Whittier, CA 90602 (562) 907-2600 FAX (562) 907-2606