



2238 Palma Dr.  
Ventura, CA 93003-5377

Phone (805) 642-9435  
Fax (805) 642-9436

**DEALER APPLICATION**

**DATE:** \_\_\_\_\_

**PLEASE NOTE!**  
***This application will not be processed unless the following is included:***

1. Copy of your business license
2. A photo of your storefront OR a copy of a yellow page ad

**Name of Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Type of Business (Check all applicable)**

- \_\_\_ Franchised- Specify Brands \_\_\_\_\_
- \_\_\_ Motorcycle Parts & Access.
- \_\_\_ Motorcycle Service & Repair
- \_\_\_ Other- Please Specify \_\_\_\_\_

**Owner Name:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Year Business Started:** \_\_\_\_\_ **Daily Hours:** \_\_\_\_\_  
**Days Closed:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Bank Contact:** \_\_\_\_\_

**DEALER APPLICATION** – *continued*

**Current Suppliers & Terms** (*please include full address & zip*)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Since: \_\_\_\_\_ Terms: Cash \_\_\_\_\_ Check \_\_\_\_\_ Open \_\_\_\_\_  
Account # \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Since: \_\_\_\_\_ Terms: Cash \_\_\_\_\_ Check \_\_\_\_\_ Open \_\_\_\_\_  
Account # \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Since: \_\_\_\_\_ Terms: Cash \_\_\_\_\_ Check \_\_\_\_\_ Open \_\_\_\_\_  
Account # \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Since: \_\_\_\_\_ Terms: Cash \_\_\_\_\_ Check \_\_\_\_\_ Open \_\_\_\_\_  
Account # \_\_\_\_\_

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



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www.barnettclutches.com

### **VISA/MASTERCARD PAYMENT FORM**

Please **COMPLETELY** fill out this form to accommodate your credit card request. This **ORIGINAL SIGNED** form must be mailed back to us and kept on file. Orders will be shipped and billed only to the address listed below. **NO EXCEPTIONS!** If any information changes, a new form must be filled out.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### **CREDIT CARD INFORMATION**

VISA \_\_\_ M/C \_\_\_ CC # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Issuing Bank: \_\_\_\_\_  
Customer Service Phone # (on back of card): \_\_\_\_\_

I authorize the use of the above credit card for purchases from Barnett Tool & Engineering as I request future orders. I also authorize the use the credit card for shipping charges as necessary, including shipping charges on refused packages.

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