



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: _____



2238 Palma Dr., Ventura, CA 93003
Phone: (805) 642-9435 Fax: (805) 642-9436
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: _____