



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: _____

VISA/MASTERCARD/DISCOVER PAYMENT FORM

Please fill out this form **COMPLETELY** to accommodate your credit card request. Orders will be shipped and billed only to the same exact company address listed below. **NO EXCEPTIONS.** If any information changes, a new form must be filled out.

Company Name _____

Address _____

Country _____

Phone No. _____

Fax No. _____

Owner's Name _____

Address _____

CREDIT CARD INFORMATION

Type of Card (Visa, Mastercard, Discover) _____

Credit Card# _____

3 Digit Security Code _____

Cardholder's Name _____

Exp. Date _____

Billing Address _____

Phone Number _____

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 of the credit card for shipping charges as necessary, including shipping charges on refused packages.

Signature _____ Date _____