



2341 Cepheus Court  
Bakersfield, CA 93308-6944  
tel (661) 399-3000  
fax (661) 399-3033

## DEALER QUESTIONNAIRE

Legal Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Doing Business As (D.B.A): \_\_\_\_\_

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

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

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

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

Website Address: \_\_\_\_\_

Billing Address, if different: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Resale # \_\_\_\_\_

Type of ownership (check one):  Individual  Partnership  Corporation  LLC

Name of  Owner  Partner  Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name of  Owner  Partner  Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Written change of Name & Ownership is required.

Office / Rep Notes Dealer # Rep # RSM
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## DEALER QUESTIONNAIRE (continued)

Store Manager: \_\_\_\_\_ Accessory Manager: \_\_\_\_\_

Parts Manager: \_\_\_\_\_ Bookkeeper: \_\_\_\_\_

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Description/Type of Business: \_\_\_\_\_

\_\_\_\_\_

Franchise Dealer for: \_\_\_\_\_

Store Hours: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Is a purchase order required with each order?  Yes  No

Do you sell mail order or via the internet?  Yes  No

Requested Method of Payment:

COD/Company Check

Credit Card

Open Account

Other: \_\_\_\_\_

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I hereby affirm that all of the above information is correct.

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

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