



Dealer Application

This form is required to establish a wholesale account with Streamline Industries Inc. **ALL AREAS MUST BE FILLED OUT TO OPEN ACCOUNT**

1) COMPANY PROFILE:

Legal Business Name _____ (DBA) _____

Billing Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Shipping Address _____ City _____ State _____ Zip _____

Federal Tax ID # _____ Resale # _____

Accounting Contact _____ Accounting Email _____

Parts Dept Contact _____ Parts Dept Email _____

Purchasing Contact _____ Purchasing Email _____

Company Website _____

2) OWNERSHIP INFORMATION

Sole Proprietorship Partnership LLC Corporation Year Established _____

Principle/Officer's Name _____ Email _____

3) BUSINESS TYPE

Dirt Bikes Repair ATV Snowmobile Parts/Accessories Franchised Dealer Other _____

4) POWERSPORTS ONLY, TRADE SUPPLIERS: **THIS AREA MUST BE FILLED OUT IN ORDER TO BE APPROVED**

Company Name _____ Account # _____ PH# _____

Billing Address _____ City _____ State _____ Zip _____

Company Name _____ Account # _____ PH# _____

Billing Address _____ City _____ State _____ Zip _____

Company Name _____ Account # _____ PH# _____

Billing Address _____ City _____ State _____ Zip _____

5) PAYMENT INFORMATION

Requested Payment Method : Credit Card

Please email completed application with copies of sellers permit and state resale license if applicable for your state to info@arcclervers.com Once all documents have been received and approved you will get a complete dealer pricing and application sheet by email.

PRINTED NAME of authorized agent Title Date

SIGNATURE of authorized agent Title Date



Resale Certificate

To comply with state and local sales tax requirements, Streamline Industries Inc. must have in its files a properly executed exemption certificate from all its customers who claim a sales tax exemption. If we do not have this certificate, we are obliged to collect the tax for the state in which the property is delivered.

The undersigned Purchaser certifies that it is a regularly licensed retailer, registered under the laws of the state as indicated below. All parts and accessories (including motorcycle, ATV, snowmobile, and/or watercraft) and other tangible personal property purchased from Streamline Industries, Inc., are being purchased for resale in the regular course of business and are exempt from applicable state sales and use tax. Purchaser understands and agrees that if any property purchased tax-free under this certificate is used or consumed in any manner which would not exempt this sale from tax under this blanket resale certificate, the Purchaser assumes all liability to pay the proper sales/use tax, including any interest and penalty due thereon, to the proper taxing authority. This blanket certificate shall be considered a part of each order given to Streamline Industries, Inc., unless the order otherwise specifies, and shall be effective until cancelled in writing. This certificate is valid only for shipments delivered into the state of registration as identified below.

Name of purchaser

Address of purchaser

I HEREBY CERTIFY: That I hold valid seller's Permit No. _____ issued pursuant to the Sales and Use Tax Law; for the State of _____ and that I am engaged in the business of selling:

_____ The tangible personal property described herein which I shall purchase from STREAMLINE INDUSTRIES INC. will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

PRINTED NAME of authorized agent Title Date SIGNATURE of authorized agent Title Date



Credit Card Information

Credit Card Number	
Expiration Date	
Security Code	

Cardholder Name (please print): _____

Company Name	
Billing Address	
City, State Zip	

EMAIL COMPLETED FORMS TO info@arclevers.com