



American Cycling Inc is a wholesale business distributor of bicycle accessories selling primarily to retail bicycle businesses. We do not sell to the general public. All decisions with respect to credit approval, terms, revision, continuation, or termination of accounts are at the sole discretion of American Cycling Inc. A completed business application and Resale or Tax Exempt Certificate signed on your state form if applicable is required for all accounts. Additional information may be requested if necessary.

Legal Business Entity Name

(As registered with Secretary of State)

Business DBA Name (If Any): _____

Manager/Contact Name: _____

Business Phone: _____ Fax: _____ Business Hours: _____

Email: _____ Website : _____

BILLING ADDRESS

Street Address _____ City _____ ST _____ Zip Code _____

Acct Payable Contact Name: _____ Phone: _____ Fax: _____

Accounts Payable Email: _____

SHIPPING ADDRESS :

Street Address _____ City _____ ST _____ Zip Code _____

PAYMENT TERMS REQUESTED: CREDIT or DEBIT CARD Inuit Payment Network NET 30
 Number of Store Locations: _____
 (List additional locations on separate sheet)

Credit Limit Desired: \$ _____ Need Current Catalog? Yes No Need Website Login? Yes No

Prefer Invoices Sent By: MAIL FAX EMAIL NONE Send Monthly Statement: Yes No

Principal Owner & Business Information

Date Business Opened: _____ Check appropriate box: Sole Proprietor Partnership Corporation LLC Corporation
 Month Year

Owner or Principal's Name: _____ SS#: _____ Ownership %: _____

Home Address _____

Home Phone: _____ Email: _____

Owner or Principal's Name: _____ SS#: _____ Ownership %: _____

Home Address _____

Home Phone: _____ Email: _____

(If more than two owners, please attach separate sheet listing additional information)

General Information

How did you hear about American Cycling? _____

Have you been contacted by an American Cycling Sales Rep? Yes No If yes, Rep Name: _____

Do you have a retail store front business (Brick & Mortar Building)? Yes No

If No, explain type of business: _____

Do you sell: On the Internet? Yes No via Mail Order? Yes No

Merchandise being purchased for resale? Yes No

- A State Resale or Exempt Certificate must be submitted for all states except AK, DE, MT, NH, or OR with this application.
- If NO certificate is submitted, you may be charged CA Sales Tax on all purchases.

Trade Credit References

(Check references with whom you currently have an account)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> J & B Importers | <input type="checkbox"/> Seattle Bike | <input type="checkbox"/> Trek | <input type="checkbox"/> Answer Products |
| <input type="checkbox"/> Quality Bicycle Products | <input type="checkbox"/> Shimano American | <input type="checkbox"/> Giant | <input type="checkbox"/> Kona |
| <input type="checkbox"/> Raleigh USA (Diamond Back) | <input type="checkbox"/> Specialized Bicycle | <input type="checkbox"/> Action Bicycle USA | <input type="checkbox"/> KHS |

Other Trade or Personal References:

Company Name:	Account #:	Terms:
Address:		
Email:	Phone:	Fax:
Company Name:	Account #:	Terms:
Address:		
Email:	Phone:	Fax:

My signature below authorizes American Cycling to obtain credit information regarding my account from a credit reporting agency chosen by American Cycling. The undersigned also authorizes American Cycling to verify the information presented herein and to answer question appropriate entities ask concerning our credit experience with the applicant.

Terms and Conditions

The undersigned understands and agrees that an American Cycling account is subject to all Terms of Sale and Account Criteria published by American Cycling Inc., and that American Cycling reserves the absolute discretion to restrict or close your account for any reason and at any time. The undersigned is authorized on behalf of the company to make this application and acknowledges that he/she has read this application in full and understands its terms and conditions as set forth.

Name of Business: _____

Signed _____ Title _____

Name (Please Print) _____ Date _____

Signed _____ Title _____

Name (Please Print) _____ Date _____

Options for Approval Notification (please check one) PHONE _____

EMAIL _____