

1444 Fortress Street, Chico, California 95973 • (530) 893-5209 • 1-800-442-0056 • FAX (530) 893-0204

Request for Dealer Pricing and Application for Credit

This entire form MUST be completed. Incomplete forms will not be processed.

- Terms**
Check here to establish Net 30 terms. Allow a minimum of 2 weeks to establish credit before shipping your order.
- Credit Card**
Check here to pay with Visa, Mastercard, or American Express.
- C.O.D.**
Check here if you will be paying with certified checks or cash.
- C.O.D.**
Check here if you will be paying with a company check. A credit check will have to be performed.
- I understand that there is an initial 2 fuel system purchase. I have supplied proof of business (ad, business card, etc.) with this form.

Company Name _____ Contact Name _____
 Mailing Address _____
 City _____ State _____ ZIP _____
 Shipping Address _____
 City _____ State _____ ZIP _____
 Phone _____ FAX _____ E-mail _____
 Website _____
 Company is a (check appropriate box): Corporation Partnership Proprietorship
 Nature of business _____ Contact Name _____
 DUNS Number _____ Business License Number _____
 How many years has your company been in business _____ Annual Sales _____
NOTE: All California companies will have to complete a separate Resale Tax Exempt Form.

Names of Corporate Officers or Partners

Name _____ Social Security Number _____
 Name _____ Social Security Number _____

Vendor References

1. Company Name _____ Nature of Business _____
 Address _____ City _____ State _____ ZIP _____
 Phone _____ Fax _____

2. Company Name _____ Nature of Business _____
 Address _____ City _____ State _____ ZIP _____
 Phone _____ Fax _____

3. Company Name _____ Nature of Business _____
 Address _____ City _____ State _____ ZIP _____
 Phone _____ Fax _____

Bank Information

Name of Bank _____ Phone _____
 Account Number _____ Contact _____

I (we) certify that the above information is true and correct. I (we) authorize the above companies to release the necessary information to complete this application.

Signature _____
 Title _____ Date _____

Transfer Flow office use only. Do not write in this space.
 _____ Form complete Date _____
 _____ Resale # verified Initials _____
 _____ Proof of business is attached