



**XTREME
MACHINE**

2265 West Morton Avenue / Jacksonville, IL 62650
www.xtrememachineusa.com / Ph: 217-291-0200 / Fax: 217-291-0300

NOTE: For Dealer acceptance, the following application must be completed and the following items need to be provided: Copy of business license, tax permit & yellow page ad and photos of shop inside & out.

Company Information: Legal Business Name: _____

Doing Business As: _____

Check all that apply: Manufacturer Sales & Service Paint Distributor Internet Company

Date Business Started: _____ Business Hours: _____

Street Address: _____

City: _____ State or Province: _____ Zip: _____ Country: _____

Business Ph: (____) - ____ - _____ Fax: (____) - ____ - _____

WEB SITE: _____

Name of Owner and / or Partners: _____

Purchasing Contact Person(s): _____

Check Box for Payment Preference upon approval: Credit Card COD Cashiers Check

Business Reference:

List 3 Businesses that you are currently doing business with in the motorcycle industry

Name: _____ Dealer Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Terms of Account: C.O.D. Certified Check: _____ C.O.D. Company Check: _____

Open Account, How Long? Years: _____ Months: _____

Name: _____ Dealer Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Terms of Account: C.O.D. Certified Check: _____ C.O.D. Company Check: _____

Open Account, How Long? Years: _____ Months: _____

Name: _____ Dealer Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Terms of Account: C.O.D. Certified Check: _____ C.O.D. Company Check: _____

Open Account, How Long? Years: _____ Months: _____

Credit Reference:

Bank Name: _____ Account #: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

I have completed this application to obtain credit. I authorize your company to check the information on this application, check my references, provide credit information about this transaction to others and give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application.

Guarantors Signature: _____ Date: _____