



1010 Krebs Station Road
 Paducah, KY 42003
 Phone (270)554-1146 Fax (270)554-1170

Dealer Application

Date: _____

Name: _____		
Address: _____	Phone #: _____	
	Fax #: _____	
City: _____	State: _____	Zip: _____

Email _____ Website _____

Type of Business (**Appropriate one**)

Proprietorship: Partnership: Corporation:

Name(s) of Owner(s), Partner(s) or Officers: _____

Type of Business: _____
 Federal ID #: _____

Length of time in business: _____

Trade References

Name	Address	City, State	Zip Code

Dealer Requirements: Must be a full time motorcycle shop, with a fixed permanent sign on the exterior of the building and a phone listing under the company name. To establish a wholesale account we must receive 3 of the following documents along with this application with or prior to your first order. Copy of yellow page phone listing, picture of shop including sign, copy of business check, copy of ad that you run promoting your company. Once these documents are received you will receive a 25% dealer discount off our retail price guide.

This is NOT a credit application

Signature & Title of Owner, Operator, or Partner _____



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Subject: Payment Terms

We have several choices available. All new accounts are placed on a COD cash only basis. If you would like to pay for COD's with your company check you will need to complete and return the enclosed company check application. If you choose not to pay COD you can pay by credit or debit card. The cards we accept are American Express, Master Card and Visa. If you choose to pay by credit card complete and return the enclosed credit card application.

On the day your order is shipped you will be faxed a copy of the invoice notifying you of the shipment along with the total cost and UPS tracking number. If you do not have a fax we can notify you by email. Please provide your email address on your dealer application.

Ronnie Brown
Brown's Plating Service, Inc.



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CREDIT CARD AUTHORIZATION FORM

NAME OF BUSINESS: _____

DEALER ACCOUNT # _____

BILLING ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

I, THE UNDERSIGNED, HERE BY AUTHORIZE **BROWN'S PLATING SERVICE, INC.** TO APPLY TRANSACTIONS TO MY CREDIT CARD SERVICE FOR MERCHANDISE PURCHASED. EACH ORDER WILL BE APPROVED BY MERCHANT AT THE TIME AN ORDER IS PLACED.

EACH ORDER WILL BE SUBJECT TO FREIGHT CHARGES REQUIRED FOR SHIPPING, AND I DO AGREE TO THESE CHARGES BEING APPLIED TO MY CREDIT CARD.

CARD NUMBER : _____ CARD TYPE: _____

EXPIRATION DATE: _____ CVV2: _____ **(See Below)**

CARD HOLDERS SIGNATURE _____ DATE: _____

What is a CVV number?: CVV is a new authentication scheme established by credit card companies to further efforts towards reducing fraud for internet transactions. It consists of requiring a card holder to enter the CVV number in at transaction time to verify that the card is on hand. We take this added step to ensure your credit card information is not being used fraudulently in this type of "card not present" transactions such as Internet transactions. The CVV number can be found:



For Visa or MasterCard: This 3-digit number is printed on the back of your card. It appears after and to the right of your card number on the signature panel on the back of the credit card.
For American Express: The CVV is called CID number. This small 4-digit number is printed on the front of your card on the right hand side above the account number.



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Company Check Application

Date: _____

Name:			
Address:		Phone #:	
		Fax #:	
City:		State:	Zip:
website _____		email _____	
Type of Business (<input checked="" type="checkbox"/> Appropriate one) Proprietorship: Partnership: Corporation:			

Name(s) of Owner(s), Partner(s) or Officers:
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Type of Business:

Length of time in business:

Trade References			
Name	Address	City, State	Zip Code

Bank Reference				
Bank Name	Address	City, State Zip	Account Number	Type of Account <input checked="" type="checkbox"/>
				Checking: Savings:
				Checking: Savings:

*I Hereby Certify that the above information is correct to the best of my knowledge,
 and authorize persons & institutions listed herein to release my credit information to
 Brown's Plating Service, Inc.*

*Signature & Title of
 Owner, Operator, or Partner:* _____

Date _____