



4 Stroke Power Inc. / Big Gun Exhaust
9330 7th St, Suite A, Rancho Cucamonga, CA. 91730
Phone (909)-948-7029 Fax (909)948-7027
WWW.BIGGUNEXHAUST.COM

Company Name:			Telephone:		Fax:	
Bill to address:			Ship to address:			
City:		State:	Zip:			
Buyer:			Telephone:		Email:	
Accounts Payable Contact:			Telephone:		Email:	

TYPE OF ORGANIZATION: Motorcycle Dealer Ship/Parts Only Dealer/ Wholesale Distributor/_____

BUSINESS TYPE: Corporation ____ Limited Liability Company ____ Partnership ____ Sole-Proprietor ____

HOW LONG IN BUSINESS: _____ Yrs Is Building Owned ? ____ or Leased ? ____

Name of Officers or Principals: _____ Title: _____ Social Security Number: _____

Resale Number: _____ Tax ID: _____

Bank References (name and account): _____ Contact: _____ Telephone: _____

Payment Terms Preferred _____ Card Type: Visa, Mastercard, Discover _____ COD _____

Card # _____ Exp. _____ Sec Code _____

(In the event payment is not received, your credit card will be charged)

Trade References: _____ Contact: _____ Telephone: _____

Note: To permit the fairest evaluation of your company, our credit department requests you fill application out complete.

******INCLUDE COPY OF BUSINESS LICENSE AND RESALE INFORMATION******

Retailer warrants to Big Gun Exhaust Systems that the above information (including attachments) is complete, true, and accurate. Retailer agrees that a representative of Big Gun may contact any person(s) named above for verification of facts about Retailer. Retailer agrees to make payments in accordance with the terms of the invoice or be subject to forfeiture of trade discounts. Interest will be added to past due invoices at a rate of 1.5% per month of any unpaid balance. If payment is returned to Big Gun due to insufficient funds, Retailer will be responsible for 5% of the check or \$25.00 (whichever is greater). In case it becomes necessary for Big Gun to retain the service of an attorney to assist in the collection of any amount past due, Retailer agrees to pay Big Gun Exhaust reasonable attorney's fees and court costs.

 Signature of Authorized Officer or Principal

 (Print Name)

 Date