



8024 South Willow St.  
 Manchester, NH 03103  
 Ph: (603) 645-1488  
 Fax: (603) 645 1650  
 www.rrcycles.com

**Dealer Application Requirements**

Thank you for your interest in becoming an authorized Dealer of R&R Cycles, Inc. products.  
 In order to process your request, please complete this dealer application in its entirety.  
 All of the following information MUST be provided.

1. Fill out the entire dealer application in full and return by fax or mail to R&R Cycles, Inc. Form must be complete; any blanks could result in a delay of approval.
2. A copy of your state or local business license.
3. A copy of your phone book listing in either the Yellow pages or white pages showing your business listing.

Name of Business: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of business: \_\_\_Sole Proprietor \_\_\_Partnership \_\_\_Corporation

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Federal Tax ID #: \_\_\_\_\_ Sales Tax Registration #: \_\_\_\_\_

**INFORMATION CONCERNING OWNERS OR STOCKHOLDER:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relation to Company: \_\_\_\_\_

The undersigned affirmatively states that the information contained in this credit agreement is true and correct and authorizes our company to contact their references listed and to run credit checks on the business and or persons listed.

**The individuals signing below are personally liable for all charges made on this account.**  
 In the event of a partnership, all partners must sign: if a corporation, major stockholders must sign.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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To pay for your orders by Credit Card, (Master Card, Visa, Discover only) please complete the Form (Legibly) and return by mail or fax.

**NOTE:** Orders will be charged only to the exact Credit Card number listed below. If the Credit Card is changed, a new form must be completed. Thank you for your cooperation.

Company Name: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email \_\_\_\_\_

**CREDIT CARD INFORMATION**  
(Master Card, Visa, Discover only)

Credit Card Number: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Issuing Bank's Name: \_\_\_\_\_  
Customer Service Phone Number if available: \_\_\_\_\_  
(see back of credit card)

I authorize the use of the above credit card for purchases, including shipping and handling charges.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_



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## Credit Reference

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

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

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

## Bank Information

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