



## Dealer Application Form

Motobatt USA, Inc  
PO Box 600640  
St Johns FL 32259-3268  
Tel (833)668-6228  
Fax(833) 668-6228  
[accounts@motobatt.us](mailto:accounts@motobatt.us)

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

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

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

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

Contact Email for Accounts: \_\_\_\_\_

Contact Email for Applicant: \_\_\_\_\_

Contact Email for Electronic Communications: \_\_\_\_\_

Contact Email for Shipping Docs and Invoices: \_\_\_\_\_

### Please tell us about your business

Age of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Structure of business:  Corporation  Partnership  Sole Proprietorship  
 LLC  Division of Parent Company

What Business Channels does your business operate in?

Brick and Mortar  Wholesaler  Online Sales  Mail Order  Transport

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

### Company Officers and Shareholders

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Title: \_\_\_\_\_ DL No: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Title: \_\_\_\_\_ DL No: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Title: \_\_\_\_\_ DL No: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

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



## Dealer Application Form

Motobatt USA, Inc  
2604 Tunbridge Lane  
Saint Augustine FL 32092  
Tel (833)668-6228  
Fax(833) 668-6228  
[accounts@motobatt.us](mailto:accounts@motobatt.us)

### Dealer Banking Information:

Bank Name: \_\_\_\_\_ Account Manager: \_\_\_\_\_  
Phone/Ext: \_\_\_\_\_ Account No: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Email for Account Manager: \_\_\_\_\_

### Credit Card Information:

Carholders Name: \_\_\_\_\_ Card Type: \_\_\_\_\_  
Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CSV: \_\_\_\_\_  
Authorizing Signatures \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Dealer Trade References:

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### Acceptance of Terms to become a reseller for Motobatt USA, Inc.

- Our business will represent Motobatt products to the best of its ability, ensuring stocks are kept in condition fit for sale to consumers.
- Our staff are competent to carry out battery and charging system analysis.
- Our business will adhere to Motobatt MAP Policy Published online at [www.motobatt.us](http://www.motobatt.us)

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

***Motobatt USA, Inc. reserves the right to change price offers for its products on a quarterly basis and at its own discretion and without prior notice.***