



## Dealer Application Form

Motobatt USA, Inc  
1250 Imeson Park Blvd Ste 404  
Jacksonville, FL 32218

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: \_\_\_\_\_

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### 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.***