



**www.dlxprodox.com**  
**625 W Katella Ave Suite 7**  
**Orange, Ca 92867**  
**Office: (714) 720-3538 toll free :( 888) 455-6692**  
**Fax: (888) 581-7710**  
**Email:sales@dlxprodox.com**

**The Ultimate Designs to Suit Your Style**  
**Thank you for your interest in DLXPRODOX. We manufacture and distribute the most innovative designs and highest quality of aftermarket motorcycle accessories.**  
**100% USA MADE**

**Requirements for Approval:**  
**Any Motorcycle related business. (Retail, builder, distributors, etc...)**  
**Copy of Business License - Motorcycle related & EIN**  
**Copy of Resale License - Motorcycle Related**  
**Minimum Initial Order of 1 *Complete* System (see Order Form)**  
**Blanket Resale Certificate Completion**  
**COMPLETED Dealer Application**

**Upon completion of your application: it can be mailed to us at the address or E-mail listed above. Please mail us your original signed copies for our permanent records. After your application is processed - we will mail you your catalog & price list. We can and will accept Credit Card orders immediately with your resale number, copy of business license and a completed Blanket Resale Certificate. (All can be e-mailed and processed quickly) For follow up ordering and to provide you proper customer service - we prefer COMPLETED applications ASAP.**

***DLXPRODOX, RESERVES ALL RIGHTS.***  
**Prices and Product Subject to Change Without Notice.**  
**Please Read and understand all Terms and Conditions.**  
**Terms and conditions are subject to change without notice.**

**DLXPRODOX is committed to quality and customer service guarantee. We offer the best products and customer service available. If you have any questions please do not hesitate to call us and we will be happy to assist**

**You in any way. We look forward to receiving your completed application.**



## DEALER APPLICATION page 2

### DEALER APPLICATION

Legal Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Doing Business AS (D.B.A.) \_\_\_\_\_ EIN# \_\_\_\_\_

Street Address \_\_\_\_\_

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

Store Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

Web Address and/or E-mail Address \_\_\_\_\_

Type of Business (check one) \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Title and Name of ( \_\_ Owner \_\_ Partner \_\_ Officer) Name \_\_\_\_\_

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

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

Home Phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Title and Name of ( \_\_ Owner \_\_ Partner \_\_ Officer) Name \_\_\_\_\_

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

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

Home Phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Store/Shop Manager \_\_\_\_\_ Accessory Manager \_\_\_\_\_

Parts Manager \_\_\_\_\_ Bookkeeper \_\_\_\_\_



### DEALER APPLICATION page 3

Name of Bank \_\_\_\_\_ Checking Account # \_\_\_\_\_

Address \_\_\_\_\_

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

Bank Contact \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Brief Description of Business \_\_\_\_\_

Store Hours \_\_\_\_\_

Date Business Started \_\_\_\_\_

#### Credit Card(s) ONLY

Name on Credit Card \_\_\_\_\_

Type \_\_\_\_\_ CC# \_\_\_\_\_ Exp \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

#### COD (Cashier's Checks & Money Orders ONLY)

### Trade Suppliers

1. Company Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

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

2. Company Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

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

3. Company Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

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

**I hereby affirm that all of the above information is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Keep a copy in your files and returns originals to DLXPRODOX address above.

Thank You! –sales@dlxprodox.com



## DEALER APPLICATION page 4

Please complete the Blanket Resale Certificate.

To comply with the majority of state and local sales tax requirements, DLXPRODOX must have in its files a properly executed exemption certificate from all its customers who claim exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which property is delivered.

### BLANKET RESALE CERTIFICATE

The Undersigned purchaser certifies that it is a regularly licensed wholesale distributor or retailer, registered under the laws of the state indicated below. All parts and accessories and other tangible property purchased from Dlxprodox, Inc are being purchased for resale in the regular course of business and are exempt from applicable state and use tax.

Purchaser understands and agrees that if any property purchased tax-free under this certificate is used or consumed in any manner which would not exempt this sale from tax under this blanket resale certificate, the Purchaser assumes ALL liability to pay the proper taxing authority.

This blanket certificate shall be considered a part of EACH order given to DLXPRODOX, unless the order otherwise specifies, and shall be effective until canceled in writing. This certificate is valid only for shipments delivered into the state of registration identified below.

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Under Penalties of Perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Company Name \_\_\_\_\_

D.B.A. (if any) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Seller's Permit/Registration # \_\_\_\_\_ State of Registration \_\_\_\_\_

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

Printed Name & Title \_\_\_\_\_

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