



**DEALER APPLICATION**

**\* No partial or illegible applications will be accepted \***

**\* Applications cannot be considered unless signed by the owner, all partners or a corporate officer \***

Date: \_\_\_\_\_

Legal company name: \_\_\_\_\_

Shop name (DBA) \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of owner/partner/share holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Home address of same: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of owner/partner/share holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Home address of same: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sole proprietor? \_\_\_ Partnership? \_\_\_ Corporation? \_\_\_ If so, what state? \_\_\_ LLC? \_\_\_ If so, what state? \_\_\_

Fed EIN#: \_\_\_\_\_ Corp. ID#: \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_ Whom will do the

buying?: \_\_\_\_\_

Are you a franchised dealer?: \_\_\_\_\_ If yes, what brands?: \_\_\_\_\_

of 2



**Trade references:** Please fill out [LEGIBLY](#) and [COMPLETELY](#)

#1 Name: \_\_\_\_\_

Contact person \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Terms \_\_\_\_\_ Years Purchasing \_\_\_\_\_ Account number \_\_\_\_\_

#2 Name: \_\_\_\_\_

Contact person \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Terms \_\_\_\_\_ Years Purchasing \_\_\_\_\_ Account number \_\_\_\_\_

#3 Name: \_\_\_\_\_

Contact person \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Terms \_\_\_\_\_ Years Purchasing \_\_\_\_\_ Account number \_\_\_\_\_

Buyer certifies that the information herein is correct and that they fully understand the credit terms. I agree to personally guarantee payment of accounts receivable held by Motonation, for any and all invoices, charges and payments and I will assume full responsibility for all these charges. In the event of any legal or collection proceedings, I agree to pay all associated fees and to abide by Motonation's terms and conditions as outlined on the website. Delinquent accounts will be charged interest at 1.5% per month, which is an annual rate of 18%.

Owner/partner/share holder signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Owner/partner/share holder signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_ Social security number: \_\_\_\_\_

**Send application to: MOTONATION 1100 North Magnolia Ave. Ste A, El Cajon CA. 92020  
Tel: 877-789-4940 Fax: 619-401-4108**