



# DEALER APPLICATION FORM

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Thank you for your interest in our products. Please complete the application form below in its entirety and return it to us by fax, mail, or by e-mail for processing.

As it is our goal to service and protect the legitimate Hot Rod Builder and/or Retailer, therefore:

- You must be in Retail / Wholesale or a full time Builder; and / or
- You must have a commercial business location, with signage, and provide us with a photograph of your shop both, inside and out.

Once we have approved your application, a Dealer Price list will be sent you. Please note that the dealer pricing is not disclosed by phone. In order to obtain current pricing, you must contact us by fax or call to request a current price sheet to be sent.

All new dealers who request C.O.D. shipments will be required to pay by certified funds (cashier's check or money order) until you have built sufficient financial history with Lucky 7 Enterprises Inc. Other payment methods include prepayment, Visa, MasterCard, or Wire Transfer. Once you have built a history with our company, Lucky 7 will consider accepting your company check/cheque for future C.O.D. shipments. All International Orders must be prepaid by International Money Order or Wire Transfer.

This application is to verify your Dealer status in the Hot Rod/Automotive Industry. Lucky 7 Enterprises Inc. does not offer terms nor extends credit, and retains the rights of refusal.

<b>Company Information (please check one):</b> <input type="checkbox"/> Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership			
Company Name:			
Address:			
City:	Prov./State:	Postal/Zip Code:	
Telephone:	Fax:		
E-mail:	Web Site:		
Type of Business (check all that apply): <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Builder			Years in Business:
Person(s) Authorized to Place Orders: 1.		2.	
Accounts Payable Contact:		Phone:	
Business Tax ID Number:		Tax Exempt (if yes attach form): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Partnership Information</b>			
1. Owner's Name:			
Address:			
City:	Prov./State:	Postal/Zip Code:	
Telephone:	E-mail:		
2. Owner's Name:			
Address:			
City:	Prov./State:	Postal/Zip Code:	
Telephone:	E-mail:		
<b>Trade References ~ Suppliers</b>			
1. Company:			
City:	Prov./State:	Postal/Zip Code:	
Telephone:	Fax:		
2. Company:			
City:	Prov./State:	Postal/Zip Code:	
Telephone:	Fax:		
3. Company:			
City:	Prov./State:	Postal/Zip Code:	
Telephone:	Fax:		
<b>Authorized Signature:</b>		<b>Date:</b>	