



# Application for DEALER ACCOUNT

Please send completed form to: [rachel@cagewrx.com](mailto:rachel@cagewrx.com)  
Or mail to: 1654 Illinois Ave., Unit 11 / Perris, CA 92571  
Once submitted, visit the MY ACCOUNT section at [WWW.CAGEWRX.COM](http://WWW.CAGEWRX.COM) and create a new account.

## LEGAL BUSINESS INFORMATION

Legal business name:

DBA name:

Phone:

Owner(s) Name(s):

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Business Type:

*Sole proprietorship*

*Partnership*

*Corporation*

Business EIN #:

State Resale #:

Primary Contact:

Email:

A/P Contact

Email:

Business website:

## DEALER INFORMATION

Primary and/or physical business address:

City:

State:

ZIP Code:

How long at current address?

Phone:

E-mail:

Type of business:

*UTV Dealer*

*Fabrication Shop*

*Online Parts Dealer*

*Other*

UTV Dealer of:

*Polaris*

*Yamaha*

*Can Am*

*Artic Cat*

Fabricator:

*Yes*

*No*

Retail Store:

*Yes*

*No*

Online Sales:

*Yes*

*No*

Online Website:

*www.*

## BUSINESS / TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Type of account:

## AGREEMENT

1. All invoices are to be paid upon receipt unless terms have been established.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CageWrx LLC to make inquiries into the tax and business/trade references that you have supplied.
4. Additional information may be requested and required to complete Dealer Account.

## AUTHORIZED SIGNATURES (SIGNATURE MUST COME FROM AN AUTHORIZED AGENT)

Signature:

Title:

Date: