



## Application for DEALER ACCOUNT

Please send completed form to: [dealers@cagewrx.com](mailto:dealers@cagewrx.com)  
 Or mail to: 41680 Enterprise Cir S. / Ste. E / Temecula, Ca 92590  
**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

Kawasaki

**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 Inc 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: