



Helite Airbag Protection Dealer Application

Business Name: _____
Street Address: _____
City / State / Zip: _____
Phone Number: _____ Fax Number: _____
E-mail address: _____ Web site: _____
Contact Person: _____ Title: _____
Personal authorized to place orders: _____

Operating as: ___ Proprietorship ___ Partnership ___ Corporation

Number of years in business: _____ Federal Tax ID Number: _____
State Dealer License Number: _____
State Resale License Number : _____

Credit Card -Visa /M/C # _____ - _____ - _____ - _____ exp. ____/____ Code _ _ _

Please list names, phone numbers, and account numbers for 3 Trade References:

1) _____ 2) _____ 3) _____

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