



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

Sumax Cycle Products  
450 Otsego St, Ilion, NY 13357  
Ph. (315)444-8025  
www.sumax.com / info@sumax.com

*\*Note: For Dealer acceptance the following application must be completed and the following items need to be provided: a copy of the business license, tax ID #, and photos of both the inside and outside of the shop.*

**Company Information:**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Year Started: \_\_\_\_\_ Daily Hours: \_\_\_\_\_ Closed on: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Owners Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business-Franchise Brands: \_\_\_\_\_  
Parts Mgr. / Buyer Name: \_\_\_\_\_  
Service Contact: \_\_\_\_\_ Dyno? Y N Type: \_\_\_\_\_  
Resale Tax ID: \_\_\_\_\_ Federal Tax   ID: \_\_\_\_\_  
State: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Reference:**

Name: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Since: \_\_\_\_\_ Terms:  Cash  Check  CC  Open Account# \_\_\_\_\_ Contact: \_\_\_\_\_  
Name: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Since: \_\_\_\_\_ Terms:  Cash  Check  CC  Open Account# \_\_\_\_\_ Contact: \_\_\_\_\_  
Name: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Since: \_\_\_\_\_ Terms:  Cash  Check  CC  Open Account# \_\_\_\_\_ Contact: \_\_\_\_\_