



## WHOLESALE / RESELLERS APPLICATION

This application is intended to confirm your company is in the high-performance / after-market business and to determine the most suitable product lines for your company.

### COMPANY INFORMATION

Corporation

Partnership

Sole Proprietorship

Federal Tax ID # or SSN: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website URL: \_\_\_\_\_

#### Primary Type of Business: (please check all that apply)

Independent Repair Shop

Performance Retail Shop

Distributor

Body Shop

Catalog / Internet

Wheel / Tire Shop

Install Center

Dealership

Other

How long has the company been in business? \_\_\_\_\_

How long has the company been at the current location? \_\_\_\_\_

Name of the owner(s) or corporate officer? \_\_\_\_\_

Name of Contact person on account? \_\_\_\_\_

Please list the most common vehicle makes serviced or sold? \_\_\_\_\_

What performance brands do you currently carry? \_\_\_\_\_



Please fill out this section only for COD, Company Check or Company Check Due upon receipt.

**BANK INFORMATION**

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

**TRADE REFERENCES**

Company: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_



Please fax or email the completed pages along with a copy of your business license to 888-489-4509 or sales@eurocharged.com Attn: New accounts. Once the application has been processed and approved, we will contact you via phone or email.

By submitting and signing this application, you hereby certify that the above information is true and correct to the best of your knowledge and that any and all of Eurocharged's wholesale product information, including pricing, will remain in strictest confidence.

## PURCHASE AGREEMENT & RETURN POLICY

- Forms of payments accepted - All major credit cards, C.O.D., certified check, wire transfers, paypal.
- 3% Surcharge will be applied for credit card and paypal purchases, No drop ship fees.
- In the event of a return or NSF check, all account terms will be rescinded and the account will automatically revert back to COD/Certified check, Prepaid Credit Card or Prepaid Wire Transfer. A non-negotiable \$35.00 NSF fee will be assessed and the account will not be considered for terms for a minimum of 6 months.
- Merchandise cannot be returned without a pre-assigned R.A. number. Returns are subject to a 20% restocking fee. Only new, resalable
- The issuance of an R.A. number by any employee of Eurocharged Performance neither guarantees or implies the acceptance of return Merchandise or the issuance of a credit or adjustment.
- The pending return of merchandise and resolution of a credit or adjustment is not justification for delinquent payment.
- Special or custom orders may not be returned or cancelled. This clause supersedes any verbal or written agreement to the contrary and may not be withdrawn by any employee or agent of Eurocharged Performance.

By signing below I certify that I have completed this application for credit and fully agree to adhere to all purchase, payment and return policies adopted by Eurocharged. I agree to assume responsibility for all bills contracted in my name and if delinquent, all collections expenses.

---

Company Name (print)

Company Address

---

Signature of Owner / Personal Guarantor

Date

Print Name

5704 SouthWest Freeway, Houston, TX 77057 Phone: 281-206-0076 FAX: 888-489-4509

[WWW.EUROCHARGED.COM](http://WWW.EUROCHARGED.COM)