

**Required sections
are highlighted**



Date:

Customer No.

Sales Rep: _____
Rep Company: _____

Business Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Cell Phone: _____

Primary Contact: _____ Title: _____ E-Mail: _____

Company E-Mail: _____ Website: _____

Accounting Contact: _____ Invoice E-Mail: _____

Accounting Phone: _____ Statement E-Mail: _____

Fax Resale Tax Exempt No. to (719) 481-0626 (We need to receive this prior to sending any pricing information):

Tax Exempt/Resale #: _____ Issue Date: _____

Additional Questions:	Where do you sell products?	Will you stock products, have Cruiser Accessories dropship, or both?
	In Store	
	_____ How many locations do you have?	
	Online	Stock Products
	Website	Dropship
	Other online marketplaces (Ex: Amazon)	Both

Notes:

Shipping Account #: _____ Tracking E-Mail: _____ Ship or Cancel ☐ OK to Backorder ☐

Shipping Carrier: _____

The following information will remain on file for current and future purchases. If payment card type, card number, cardholder or expiration date changes, please notify Cruiser Accessories, LLC immediately with the updated information.

Payment Card Type:	Visa	Master Card	Discover	Amex
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Name on Card: _____ Authorized Signature: _____

Credit Card Billing Address:

Credit Card Number:

Exp.Date: _____ CSV: _____

Billing Address MUST BE IDENTICAL to billing statement.