



Saris Cycling Racks

This application is specifically designed for rack specific retailers that wish to order and re-sell Saris Cycling Racks. Product available for purchase will be limited to this category and all associated parts and accessories of this category only.

Legal Business Name: _____

Doing Business as _____

PST #: _____

Billing Address: _____

Shipping Address: _____

Phone: () _____ Fax: () _____

Buyers Email: _____

Website: _____

President of Business: _____

Names of Other Principals: _____

Accounts Payable Contact: _____

Personnel authorized to place orders: _____

Home based business? (Y/N) _____ Number of years in business _____

Name of Bank: _____ Branch _____

Name of Contact: _____

Phone: () _____

Statement Email: _____

Statement Contact Name: _____

Invoice Email: _____

Invoice Contact Name: _____

Trade References:

1. _____ Name: _____ Phone: () _____

2. _____ Name: _____ Phone: () _____

3. _____ Name: _____ Phone: () _____

I agree that the above information is complete and correct. I agree to the terms and conditions of sale as specified on each invoice. I agree to pay each invoice in terms given and agree to pay the interest charges on verdue account of 1-1/2% per month.

I agree to allow the bank given above to release to Orange Sport Supply any account information which may confirm or establish credit.

Name: _____ Position: _____

Date: _____