



RESELLER APPLICATION*

Company / Business Name:

.....

Address.....

City State P/C

Email:..... Phone.....

Billing Address (if different than above)

Address.....

City State P/C

Previous business experience:

.....
.....
.....
.....

Business structure: Sole Proprietor / Partnership / Company

Length of time in Business: Number of Employees:

Annual Sales: \$..... Credit Requested: \$.....

Names of primary owner(s)/officer(s):

.....
.....

By submitting this application I understand that I will be required to submit a Credit Application and personal Director's Guarantee if my application is approved.

Signed: Date:

Name:

*Please email completed application to: headoffice@scootersaus.com.au