



6D HELMETS
AUTHORIZED DEALER APPLICATION



HELMETS

2861 Saturn St.
Unit B
Brea, CA 92821



AUTHORIZED DEALER APPLICATION

Company Name: _____

Billing Address: _____ City: _____

State, ZIP, Country: _____

Shipping Address: _____ City: _____

State, ZIP, Country: _____

Phone: _____ Fax: _____ Website: _____

Email: _____ Email Secondary: _____

Owner/GM: _____ Primary Contact: _____

Accounts Payable Contact(s): _____

Federal Tax I.D.: _____ State Tax I.D.: _____

Sole Proprietor Partnership Corporation Type _____ State _____

TRADE REFERENCES

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

BANK INFORMATION *(for terms/credit)*

Bank Name: _____ Branch: _____

Mailing Address: _____ Account Number: _____

City, State, Zip, Country: _____ Phone: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

APPLICATION CHECKLIST

Completed Application

Photo of storefront

Signed Copy of MAP policy