



K-Tech Suspension USA Dealer Application

BUSINESS NAME _____

ADDRESS _____

Phone Number _____ FAX _____

E-mail Address _____ Contact Name _____

Business Bank Name _____ Account Number _____

Bank Address _____

Bank Phone _____ Bank Contact _____

COMPANY HISTORY

Number of Years in Business _____ Size of Building _____ Rent? Lease? Own?

Number of Employees _____ Franchised Dealer? Yes/No Which one(s) _____ Dealer # _____

FEDERAL TAX ID _____ *New York State Dealers: Tax-Exempt ID* _____

(NY State Dealers must provide **SIGNED** re-sale certificate.)

PROOF OF LIABILITY INSURANCE

Provider _____ Contact _____

Policy Number _____

TRADE REFERENCES

Company Name	Phone	Acct. No.	Acct. Terms	Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Social Media Accounts (print account names below)

Facebook	Twitter	Instagram	Pinterest	LinkedIn
_____	_____	_____	_____	_____

AUTHORIZED SIGNATURE _____

All orders must be prepaid by credit card.

Submit the following with this application: company letterhead, business card, voided business check, and website address. Email your application to **sales@ktechsuspensionusa.com**

Failure to send in all information will cause this application to be rejected. Exception — franchised dealers who supply us with their franchise dealer numbers.

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