

MUSTANGS UNLIMITED, INC.

Improving Your Mustang With Quality Parts and Accessories

Method of Payment

- Check
- Credit Card
- Money Order
- Cashiers Check

Office Use Only

Açct # _____
 Date Received _____
 Contacted By _____
 Reviewed By _____
 Approved By _____

DEALER APPLICATION

Please fax completed form and required info to: **860-649-1260**
 Or mail to: **440 Adams St, Manchester, CT 06042**

SORRY, WE DO NOT OPEN COD ACCOUNTS

Business Name: _____
 Street Address: _____ City: _____
 Business License #: _____ State _____ Zip _____ Tax ID# _____
 Year Business Established: _____ Type of Business: _____
 Authorized Person's name: _____ Email Address: _____
 Authorized Person's Phone # _____ Fax # _____
 Company's estimated monthly gross: \$0-\$2,000 \$2,001-\$5,000 \$5,001-\$10,000 \$10,001-\$25,000 \$25,001-\$50,000 \$50K+

REQUEST WILL NOT BE PROCESSED WITHOUT VALID AND CURRENT BUSINESS LICENSE INFORMATION AND VALID AND CURRENT SALES TAX CERTIFICATE INFORMATION

Company Checks and Credit Card Transactions- *Please complete all account information requested.*

For Company Checks (Required Info.):

Bank Name: _____
 Bank Address: _____
 Account # _____
 Bank Phone #: _____
 Name on the account: _____

For Credit Cards (Required Info.):

Visa Master Card
 American Express Discover
 Credit Card Acct #: _____
 Expiration Date: _____
 Name on Card: _____
 Credit Card Bank Name: _____
 Credit Card Bank Address: _____

I agree to honor any checks returned to Mustangs Unlimited due to insufficient funds or closed accounts by paying the balance due in full plus a \$30.00 Return Check Fee. I authorize and further agree to allow Mustangs Unlimited to charge the balance due plus the late fee to my credit card, which is listed above.

Your Signature: _____ **Date:** _____

Current Business References (Required): Please list at least 4 current businesses that you currently purchase products from. Please fill in all information.

Company Name: _____
 Business Address: _____
 City _____ State _____ Zip _____
 Company Phone Number: _____
 Company Fax Number: _____
 Contact Name: _____

Company Name: _____
 Business Address: _____
 City _____ State _____ Zip _____
 Company Phone Number: _____
 Company Fax Number: _____
 Contact Name: _____

Company Name: _____
 Business Address: _____
 City _____ State _____ Zip _____
 Company Phone Number: _____
 Company Fax Number: _____
 Contact Name: _____

Company Name: _____
 Business Address: _____
 City _____ State _____ Zip _____
 Company Phone Number: _____
 Company Fax Number: _____
 Contact Name: _____

By signing, I authorize the above references to provide Mustangs Unlimited with my credit history.

Signed: _____ **Date:** _____
Your Position _____ **Your Phone #:** _____