LEZYNE™
ENGINEERED DESIGN

Dealer/Credit Application

RETAILER INFO

Legal Company Name: DBA:

Address: Phone#: Fax#:

City, State, ZIP: Website:

Parent/Affiliated Company (If applicable): Street Address: City, State, Zip:

Phone# : FAX#: Website:

Applicant Name: Phone#: Email:

Federal Tax ID#_____ Resale #_____ D & B ID#_____

(Note: A copy of reseller or tax exemption certificate required.)

Type of Business: O Sole Proprietor O Partnership O Corporation O LLC O Other_____ Years in Business:_____

SHIPPING INFO

Shipping Address: City, State, Zip:

Shipping Address: City, State, Zip:

Shipping Notes:

BILLING INFO

AP Contact Name: Email: Phone#:

Billing Address: City, State, Zip:

AUTHORIZED BUYER INFO

Buyer Name: Email: Phone#:

Third Party Platform: Seller Name: Seller#:

TERMS REQUESTED

☐ 30 Day Terms, Pmt by Check or ACH ☐ Credit Card

Terms customers who use a credit card to pay down their AR balance will incur a 2.5% convenience fee at the time of payment.

TRADE REFERENCE 1	TRADE REFERENCE 2	TRADE REFERENCE 3
Company Name:	Company Name:	Company Name:
Account #:	Account #:	Account #:
Contact Name:	Contact Name:	Contact Name:
Contact Email:	Contact Email:	Contact Email:
Phone #:	Phone #:	Phone #:

RETAILER LOCATOR INFO

Store Front Address: City, State, Zip:

Website: Phone #: Consumer Facing Email:

Business Location Type: O Storefront O Internet Only O Both Storefront and Internet

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I hereby authorize the trade references listed in the credit application to release necessary information to Lezyne USA, Inc. in order to verify the information contained herein. Furthermore, I authorize Euler-Hermes, the credit insurance company used by Lezyne USA, Inc. to do a credit check on said company for further verification of credit worthiness.

Signature: Print Name: Title: Date:

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