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## Dealer Application

Legal Name:

Phone:

Street Address:

City/State/Zip Code:

Email:

Website:

State Resale Tax #:

Federal Tax ID:

Type of business: (check)  Sole Proprietor  Partnership  Corporation  Other

Please provide a brief description of your business:

Name of owner:

Business Contact:

Name(s) authorized to place order:

**\*\*Please list 2 trade references\*\***

Company Name:

City/State/Zip:

Contact:

Company Name:

City/State/Zip:

Contact:

**I certify that the above information is correct and true to the best of my knowledge. I understand that by signing and submitting this application I am authorizing Factory UTV to verify my status with the trade references I have provided.**

Signature of applicant:

Date: