

FOX SHOCK DEALER APPLICATION

CHECK ONE: Corporation Partnership Individual Proprietorship

Company Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Business Phone () _____ Dealer License No. _____

Fax Number () _____ Seller Tax Permit No. _____

Person(s) Authorized to Order _____

Owner _____ Brand(s) Sold _____

Number of Years in Business _____

BANK REFERENCE

Bank Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Business Account No. _____

Name in Which Account is Listed _____

TRADE REFERENCES

1. Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Dealer No. _____

2. Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Dealer No. _____

3. Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Dealer No. _____

All Applications MUST be accompanied by:

- Copy of Yellow Pages Listing
- Copy of Dealer License
- Business Card

RETURN THIS FORM TO:



5550 West State St • Boise, Idaho 83703 • Ph: 208.853.5550 • Fax: 208.853.1602

Dealer Approval Pending Verification of the Above Information