



8024 South Willow St.
 Manchester, NH 03103
 Ph: (603) 645-1488
 Fax: (603) 645 1650
 www.rrcycles.com

Dealer Application Requirements

Thank you for your interest in becoming an authorized Dealer of R&R Cycles, Inc. products.
 In order to process your request, please complete this dealer application in its entirety.
 All of the following information MUST be provided.

1. Fill out the entire dealer application in full and return by fax or mail to R&R Cycles, Inc. Form must be complete; any blanks could result in a delay of approval.
2. A copy of your state or local business license.
3. A copy of your phone book listing in either the Yellow pages or white pages showing your business listing.

Name of Business: _____

Phone #: _____ FAX #: _____

Years in Business: _____ Type of business: ___ Sole Proprietor ___ Partnership ___ Corporation

Address: _____ City: _____ State: _____ Zip: _____

Business Federal Tax ID #: _____ Sales Tax Registration #: _____

INFORMATION CONCERNING OWNERS OR STOCKHOLDER:

Name: _____

Home Address: _____

Phone: _____

Social Security #: _____

Relation to Company: _____

The undersigned affirmatively states that the information contained in this credit agreement is true and correct and authorizes our company to contact their references listed and to run credit checks on the business and or persons listed.

The individuals signing below are personally liable for all charges made on this account.
 In the event of a partnership, all partners must sign: if a corporation, major stockholders must sign.

Signed: _____ Title: _____ Date: _____

Signed: _____ Title: _____ Date: _____

Signed: _____ Title: _____ Date: _____



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To pay for your orders by Credit Card, (Master Card, Visa, Discover only) please complete the Form (Legibly) and return by mail or fax.

NOTE: Orders will be charged only to the exact Credit Card number listed below. If the Credit Card is changed, a new form must be completed. Thank you for your cooperation.

Company Name: _____
Owners Name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email _____

CREDIT CARD INFORMATION

Credit Card Number: _____
Cardholder's Name: _____
Expiration Date: _____ Security Code: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Issuing Bank's Name: _____
Customer Service Phone Number if available: _____
(see back of credit card)

I authorize the use of the above credit card for purchases, including shipping and handling charges.

Authorized Signature: _____ Date: _____

Please Print Name: _____



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Credit Reference

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____

Bank Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____