

CUSTOM CYCLE CONTROL SYSTEMS



www.CustomCycleControls.com 702.438.2129 Las Vegas, USA

7585 Commercial Way, Suite K Henderson, NV 89015
shop: 702.438.2129 toll free: 1.866.438.2129 fax 702.438.4276
www.CustomCycleControls.com info@customcyclecontrols.com

-The World's Finest All Internal Motorcycle Hand Control System-

Thank you for your interest in CCCS. We manufacture and distribute the most innovative Handlebar / Control System for motorcycles.

Requirements for Approval:

Any Motorcycle related business. (retail, builder, manufacturer, etc...)

Copy of Business License - Motorcycle related & EIN

Copy of Resale License - Motorcycle Related

Minimum Initial Order of 1 Complete System

Blanket Resale Certificate Completion

COMPLETED Dealer Application

Upon completion of your application: it can be faxed or mailed to us at the address or fax number listed above. Please mail us your signed copies for our permanent records. After your application is processed - we will mail you your catalog & price list. We can and will accept Credit Card orders immediately with your resale number, copy of business license and a completed Blanket Resale Certificate. (all can be faxed and processed quickly) For follow up ordering and to provide you proper customer service - we prefer COMPLETED applications ASAP.

CUSTOM CYCLE CONTROL SYSTEMS, INC. RESERVES ALL RIGHTS.

Prices and Product Subject to Change Without Notice.

Please Read and Understand all Terms and Conditions.

Terms and conditions are subject to change without notice.

*****To receive VOLUME PRICING you can either "Buy In" @ 5 complete systems for the "Volume Price" or Order 5 systems at "Regular Dealer Price" within 90 days of one another and receive "Volume Pricing" from thereafter.**

Call for details!

Custom Cycle Control Systems is committed to quality and craftsmanship. We offer the best products and customer service available. If you have any questions please do not hesitate to call us and we will be happy to assist you in any way. We look forward to receiving your completed application.

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DEALER APPLICATION

Legal Firm Name _____ Date _____

Doing Business AS (D.B.A.) _____ EIN# _____

Street Address _____

City _____ State _____ Zip _____

Store Phone # () _____ Fax # () _____

Billing Address, if different _____

Web Address or E-mail Address _____

Type of Ownership (check one) Individual Partnership Corporation

Name of Owner Partner Officer _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____

Social Security # _____ Drivers License # _____

Name of Owner Partner Officer _____

Home Phone () _____

Social Security # _____ Drivers License # _____

Store/Shop Manager _____ Accessory Manager _____

Parts Manager _____ Bookkeeper _____

DEALER APPLICATION page 2

Name of Bank _____ Checking Account # _____

Address _____ City _____ State _____ Zip _____

Bank Contact _____ Phone # () _____

Brief Description of Buisness _____

Store Hours _____

Date Business Started _____

Requested Method of Payment _____ Company Check (mail in ONLY) _____ Credit Card(s)

_____ COD (Cashiers Checks & Money Orders ONLY)

ALL INTERNATIONAL ORDERS WILL BE PAID VIA WIRE TRANFER ONLY

Trade Suppliers

1. Company Name _____ Phone # () _____

City _____ State _____ Zip _____

2. Company Name _____ Phone # () _____

City _____ State _____ Zip _____

3. Company Name _____ Phone # () _____

City _____ State _____ Zip _____

I hereby affirm that all of the above information is correct.

Signature _____ Date _____

Print Name _____

**please complete the Blanket Resale Certificate.
keep a copy in your files and returns originals to CCCS.
Thank You! - The Crew @ CCCS.**

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To comply with the majority of state and local sales tax requirements, Custom Cycle Control Systems, Inc must have in it's files a properly executed exemption certificate from all it's customers who claim exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which property is delivered.

BLANKET RESALE CERTIFICATE

The Undersigned purchaser certifies that it is a regularly licensed wholesale distributor or retailer, registered under the laws of the state indicated below. All parts and accessories and other tangible property purchased from Custom Cycle Control Systems, Inc are being purchased for resale in the regular course of business and are exempt from applicable state and use tax.

Purchaser understands and agrees that if any property purchased tax-free under this certificate is used or consumed in any manner which would not exempt this sale from tax under this blanket resale certificate, the Purchaser assumes ALL liability to pay the proper taxing authority.

This blanket certificate shall be considered a part of EACH order given to Custom Cycle Control Systems, Inc, unless the order otherwise specifies, and shall be effective until canceled in writing. This certificate is valid only for shipments delivered into the state of registration identified below.

Under Penalties of Perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Company Name _____

D.B.A. (if any) _____

Street Address _____

City _____ State _____ Zip _____

Seller's Permit / Registration # _____ State of Registration _____

Authorized Signature _____ Date _____

Printed Name & Title _____