



**INTERNATIONAL DEALER APPLICATION**

*(Please print or type)*

**Please fax to Akuma at 1-210-680-9778**

**MAILING ADDRESS**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province/Region \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Country \_\_\_\_\_

**SHIPPING ADDRESS**

*(If Different than Mailing)*

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province/Region \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Country \_\_\_\_\_

**BUSINESS INFORMATION**

In Business Since \_\_\_\_\_

Present Owner Since \_\_\_\_\_

Business Type  Proprietorship  Incorporated  Partnership  LLC  GmbH

Owned By \_\_\_\_\_

Federal Tax ID Number (if applicable) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Technical Support Contact \_\_\_\_\_ Phone \_\_\_\_\_

**MAIN BRANDS CARRIED**

Motorcycle Parts and Accessories by % carried \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal helmet brands by % carried \_\_\_\_\_

\_\_\_\_\_

Other Product Lines by % carried \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT REFERENCES**  
*(Three Credit References Required)*

Company Name \_\_\_\_\_

**REFERENCE #1**

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_

**REFERENCE #2**

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_

**REFERENCE #3**

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**WIRE TRANSFER INFORMATION**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Account# \_\_\_\_\_

Routing# \_\_\_\_\_

Beneficiary \_\_\_\_\_

Swift Code \_\_\_\_\_

You are hereby authorized to release information on all our accounts maintained at our bank to IHT Technology, Inc., to include average balance, activity, and NSF history.

You are hereby authorized to charge our credit card for the balance on our account over 30 days from invoice due date and mail either our account statement or invoices with credit card receipt to us.

The information given in this application is complete and accurate, and authorizes IHT Technology, Inc. to check with credit reporting agencies, credit references, banks, and other sources disclosed herein in investigating the information given.

I have read, understand, and will comply with the Akuma International Terms and Conditions.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Printed Name

\_\_\_\_\_  
Date