

Signate of Authorized Officer or Principal

Big Gun, Inc. 226 N. Maple St. | Corona, CA 92880 Phone (714) 970-0423 | Fax (714) 970-0542 www.biggunexhaust.com

	TA HIS	1 <i>UST</i>	www.biggune	exnaust.com		
Company Name:			Telephone:	Fax:		
Bill To Address:			Ship To Address:	Ship To Address:		
City:	State:	Zip:	City:	State: Zip:		
Buyer:		ļ	Telephone:	Email:		
Accounts Payable Contact:			Telephone:	Email:		
TYPE OF ORGANIZATIO	N: Motorcyc	cle Dealership/Parts On	ly Dealer/ Wholesale Distri	ibutor/		
BUSINESS TYPE: Corpor	ation	_ Limited Liability Com	pany Partnership _	Sole-Proprietor		
HOW LONG IN BUSINES	SS:	_ Yrs	ned? or Leased	d?		
Name of Officers or Principals:			Title:	Social Security Number:		
					_	
Resale Number:			Tax ID):		
Bank References (name and account):			Contact:	Telephone:		
Payment Terms Preferr	ed	Card Type: VISA	MasterCard Discove	er		
Card #			Exp:	Sec Code	_	
(In the even	t payment is	not received, your credit	card will be charged)			
Trade References			Contact:	Telephone:		
					_	
Note: To permit the fa	airest evalua	tion of your company,	our credit department req	uests you fill application out in its entirety.		
agrees that a represent make payments in acco due invoices at a rate of responsible for 5% of the	g Gun Exhau cative of Big ordance with of 1.5% per n ne check or S	st Systems that the abo Gun may contact any p I the terms of the invoin Month of any unpaid ba \$25.00 (whichever is gr	person(s) named above for ce or be subject to forfeitu lance. If payment is return eater). In case it becomes i	attachments) is complete, true, and accurate. Retail verification of facts about Retailer. Retailer agrees are of trade discounts. Interest will be added to past add to Big Gun due to insufficient funds, Retailer will necessary for Big Gun to retain the service of an g Gun Exhaust reasonable attorney's fees and court	to : I be	

(Print Name)

Date