

APPLICATION FOR DEALER VERIFICATION



INFAMOUS CUSTOMS, LLC

Desert Hills, AZ

315.254.5940

2617 WEST SABER ROAD, PHOENIX, AZ 85086

www.facebook.com/Infamouscustomsaz

Instagram @ InfamousCustomsAZ

Melanie@AZGatekeeper.com

In order to facilitate timely processing of your order(s), please read and complete this application, sign and return to Infamous Customs, LLC at Melanie@AZGatekeeper.com

Business Information			
Company:		Date:	
Contact Name:		Website:	
Address:			
	(Street, Unit, City, State, Zip)		
Contact Email:		Phone:	
Billing Address:			
(if different from above)	(Street, Unit, City, State, Zip)		
Contact Email:		Phone:	
Years in Business:		Date Opened:	
Tax Resale ID No:			
Business License No:			
Type of Business:	Mark all that apply...		
Storefront:	Y or N	Online:	Y or N

Type of Ownership:	Mark one...		
Individual:		Partnership:	
State of Incorporation		Corporation:	

Owner Information			
Owner Name:		SSN:	
Address:			
	(Street, Unit, City, State, Zip)		
Contact Email:		Phone:	

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Trade References

Please list three trade references with whom you have placed orders.

Company:		Account No:	
Contact Name:		Website:	
Address:			
	(Street, Unit, City, State, Zip)		
Contact Email:		Phone:	
Years done business:			

Company:		Account No:	
Contact Name:		Website:	
Address:			
	(Street, Unit, City, State, Zip)		
Contact Email:		Phone:	
Years done business:			

Company:		Account No:	
Contact Name:		Website:	
Address:			
	(Street, Unit, City, State, Zip)		
Contact Email:		Phone:	
Years done business:			

Please attach copies of your business license and resale certificate.

Include a copy of business mail or utilities addressed to your business at your stated address.

Photographs of outside and inside of business must be submitted as well.

Please sign and email back with all accompanying documents.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Infamous Customs, LLC reserves the right to terminate dealer status at any time for false or misleading information.

Signature:	Date:
Print Name:	Title: