

## **Dealer Application**

This form is required to establish a wholesale account with Scorpion Worx LLC.

1) COMPANY PROFILE:								
Legal Business Name								
(DBA)Billing Address			City	State	7in			
If outside the US provide additional add	lress and	License i						
Phone Number	irooo aria	LICOTICCT	Fax Number					
Shipping Address			City	State	7in			
Federal Tax ID #			Resale #					
Accounting Contact			Accounting Email					
Sales Email								
2) OWNERSHIP INFORMATION ☐ Sole Proprietorship ☐ Partnership ☐		•	· · · · · · · · · · · · · · · · · · ·					
Principle/Officer's Name			Email					
Home Address				EmailCityStateZip ne				
Home Phone		Other Ph	one					
3) BUSINESS TYPE ☐ Race Team ☐ Repair ☐ UTV ☐ Pa	rts/Acces	ssories 🗆	Franchised Dealer ☐ Other					
4) TRADE SUPPLIERS								
Company Name_			City		State 7in			
Billing Address			City		StateZip			
Company Name. Billing Address			_City		StateZip	)		
Company Name.								
Billing Address			City		StateZip	)		
<ul> <li>5) PAYMENT INFORMATION         Requested Payment Method: ☐ Credit</li> <li>6) BANK INFORMATION         Please complete the Bank Information Information will be placed on Credit Ca</li> </ul>	below for	Company			de the Bank			
Company Bank Name								
Address_			City	Sta	ateZi <sub>l</sub>	n		
Phone Number			Contact Person			Υ		
Type of Account								
Credit Card Number (Fill out If payme	nt metho	d is Credit	Card)					
Name on the Credit Card			Expiration Date		CSC			
Billing Address on the Credit Card if dif	ferent fro	m above						
		_						
Above signatures authorize Scorpion W completed) and confirms that all above <b>your resale license to sales@scorpio</b> ensure wholesale status, a picture of yo application.	informati onworx.c	on is corr com. In re	ect. <b>Please email this application to</b> turn, we will assign you an account nu	your sales repumber and whol	p along with esale price lis	<b>a copy of</b> st. To		
PRINTED NAME of authorized agent	Title	Date	SIGNATURE of author	orized agent	Title	Date		
PRINTED NAME of authorized agent	Title	Date	SIGNATURE of author	 orized agent	Title	 Date		

## Scorpion Worx LLC. Resale Certificate

To comply with state and local sales tax requirements, Scorpion Worx LLC. must have in its files a properly executed exemption certificate from all its customers who claim a sales tax exemption. If we do not have this certificate, we are obliged to collect the tax for the state in which the property is delivered.

The undersigned Purchaser certifies that it is a regularly licensed retailer, registered under the laws of the state as indicated below. All parts and accessories and other tangible personal property purchased from Scorpion Worx LLC., are being purchased for resale in the regular course of business and are exempt from applicable state sales 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 sales/use tax, including any interest and penalty due thereon, to the proper taxing authority. This blanket certificate shall be considered a part of each order given to Scorpion Worx LLC., unless the order otherwise specifies, and shall be effective until cancelled in writing. This certificate is valid only for shipments delivered into the state of registration as identified below.

Name of purchaser						
Address of purchaser						
I HEREBY CERTIFY: That I hold valid se						
Issued pursuant to the Sales and Use Tax Law; for the State ofand that I am engaged in the business of se The tangible personal property desc						
however, that in the event any of such pr	operty is υ , it is unde	used for any purerstood that I an	sold by me in the form of tangible personal pr rpose other than retention, demonstration or n required by Sales and Use Tax Law to repo be purchased:	display while I	holding it	
Under penalties of perjury, I swear or affi	rm that the	e information or	n this form is true and correct as to every mat	erial matter.		
PRINTED NAME of authorized agent	Title	Date	SIGNATURE of authorized agent	Title	Date	
PRINTED NAME of authorized agent	Title	 Date	SIGNATURE of authorized agent	Title	Date	

When application complete, email to: sales@scorpionworx.com