



DEALER APPLICATION

Company Name:

Primary Contact Name:

Mailing Address (Street):

(City):

(State and Zip Code):

UPS Delivery Address: (if different than above)

Telephone:

Fax Number:

Email Address:

Website URL:

Business Type (Corp., Partnership, ETC..)

State Resale Number:

Credit Card to be used for Orders:

Card Type: MC ___ Visa ___ Discover ___

Card #

Exp Date: _____

CCV: _____

Name as it Appears on Credit Card:

Credit Card Billing Address (Street):

Credit Card Billing Address (City):

Authorization to Charge: I hereby certify that by providing the above credit card information I have authorized JP MotorSports LLC, to charge this credit card for any order shipped to the address shown in the above spaces.

Cardholders Signature: _____

Trade Reference: (List a Marine / PowerSports Distributors you do business with)

Company Name:

Account # or Contact:

Company Name:

Account # or Contact:

Company Name:

Account # or Contact:

Application Checklist:

- 1) ___ Credit Card for Parts Orders
- 2) ___ Faxed Application, Credit Card Authorization , Copy of Business License & Credit Card to JP Marine, 619-330-2508

FAX COMPLETED APPLICATION TO 619-330-2508
INCLUDE COPY OF YOUR RESALE CERTIFICATE, BUSINESS LICENSE & CREDIT CARD

630 BAY BLVD, #106 | CHULA VISTA, CA 91910 | (619) 564 - 4935 OFFICE | (619) 330 - 2508 FAX

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