

vicrez.com

Authorized Dealer Application

DATE:

BUSINESS NAME:

CONTACT NAME:

EMAIL:

STREET ADDRESS:

CITY:

STATE: **ZIP:**

COUNTRY:

BUSINESS TYPE: **E-TAILER** **BRICK & MORTAR** **INSTALLER**
(Check all that apply)

PHONE NUMBER:

FAX NUMBER:

ALL WEBSITES (We want to be sure to list them on our Website Where to Buy!):

DOES YOUR COMPANY SPECIALIZE IN ANY SPECIFIC MAKES/MODELS? (List Make/Model Below)

NUMBER OF YEARS IN BUSINESS:

Business Entity (please check one):

Corporation _____ Partnership/LLC _____ Sole Proprietorship _____

I certify that I hold a valid reseller's permit issued pursuant to the Use Tax Law; that I am engaged in the business of selling Auto Parts, Accessories, Supplies, Tools, and Related Items and Materials; that the tangible goods described herein which I shall purchase from: Vicrez.com, LLC. will be resold by me/my company in the form of tangible goods; PROVIDED, however, in the event that such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales & Use Tax Law and other State Laws to report and pay for the tax, measured by the purchase of such property.