



# WHOLESALE APPLICATION

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## COMPANY INFORMATION

LEGAL BUSINESS NAME		
DBA NAME (if applicable)		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	

EMAIL ADDRESS
WEBSITE ADDRESS

TAX ID NUMBER:	FIN or SSN
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YEARS IN BUSINESS	NUMBER OF EMPLOYEES
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<b>PAYMENT TERMS APPLYING FOR</b>
<input type="checkbox"/> CREDIT CARD <sup>1</sup> <input type="checkbox"/> C.O.D. <sup>2</sup> <input type="checkbox"/> COMPANY CHECK <sup>3</sup> <input type="checkbox"/> WIRE TRANSFER <sup>4</sup>

<sup>1</sup> This is the easiest way to setup your account. All orders are shipped to the BILL TO address listed with the credit card. All orders have a 3% convenience fee to the total for using a credit card.

<sup>2</sup> All orders are only shipped to the business address and are only paid by MONEY ORDER or CASHIERS CHECK ONLY. C.O.D. orders using company check must be approved by management prior to order.

<sup>3</sup> Company check terms are only given on approval by management. Invoices are due on receipt and need to be received no later then 15 days from the invoice date. A full credit check and personal guarantor is required.

<sup>4</sup> Wire transfers are required for international accounts (outside USA & Canada). Our bank information will be provided for you once your account has been activated.

If payment terms selected is credit card, fill out below:

<b>CREDIT CARD NUMBER</b>	
<b>EXPIRATION DATE</b>	<b>CVV</b>

## OWNER INFORMATION

<b>BUSINESS OWNERSHIP</b>
<input type="checkbox"/> SOLE PROPIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
IF PARTNERSHIP, FAX ALL DRIVER'S LICENSES

<b>OWNER'S NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>HOME PHONE NUMBER</b>		

<b>PRIMARY CONTACT PERSON (if different from owner)</b>
<b>PRIMARY CONTACT PERSON'S POSITION</b>

### NOTE:

- All international orders (excluding Canada) must select wire transfer as their payment method.
- A \$1,000 USD buy-in is required. No monthly minimum.
- Accounts with no activity for 6 months will be closed.

*I certify that the above information provided by me is truthful and correct to the best of my knowledge and I agree to pay all charges and due payments associated to my account in a timely manner.*

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PRINTED NAME

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SIGNATURE

DATE

**FAX COMPLETED FORM TO 203.783.9946 ALONG WITH:**

- **DRIVERS LICENSE OF ALL OWNERS**
- **COMPANY TAX/BUSINESS LICENSE**

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**CIP DISTRIBUTION**

33 EASTERN STEEL ROAD, MILFORD, CT 06460  
TEL: 203.783.1422 | FAX: 203.783.9946

# THIS PAGE IS OPTIONAL

THIS SHORT SURVEY IS DESIGNED TO HELP US BETTER UNDERSTAND YOUR BUSINESS NEEDS IN ORDER TO PROVIDE YOU WITH THE BEST OFFERS POSSIBLE.

YOU DO NOT NEED TO COMPLETE ALL THE QUESTIONS BUT THE MORE YOU ANSWER, THE BETTER WE CAN HELP YOU!

## PRIMARY AVENUE OF SALES

Internet Sales    Retail Storefront    Wholesale    Other (please specify)

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## WHAT ARE YOUR PRIMARY RETAIL MARKET(S)?

(ie: Nissan 240sx, Mitsubishi, European, etc.)

## WHICH BRAND(S) ARE YOUR MOST POPULAR?

(ie: Greddy, ACT, HKS, etc.)

## WHICH PART(S) ARE YOUR MOST POPULAR?

(ie: Turbo Parts, Exhausts, Pistons, etc.)

## WHICH OF THE BRAND(S) THAT WE OFFER ARE YOU MOST INTERESTED IN?

(ie: Greddy, ACT, HKS, etc.)

## HOW DID YOU FIND CIP DISTRIBUTION?

(ie: Internet search, referral (by whom?), etc.)

# THANK YOU!

## FOR TAKING THE TIME TO FILL OUT THIS SURVEY

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