



Office use:  
 Date Submitted: \_\_\_\_\_  
 Rep Name: \_\_\_\_\_  
 Golf  Powersports  Auto  Other

**ECOCRUISE U.S. DEALER APPLICATION**  
 eMail Completed Form To: [leighty@ecocruise.com](mailto:leighty@ecocruise.com)

**BUSINESS INFORMATION**

Full Business Name:			
Business Structure	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		
Business Type	<input type="checkbox"/> Golf Cart <input type="checkbox"/> Powersports <input type="checkbox"/> Automobile <input type="checkbox"/> Gov't <input type="checkbox"/> Other <input type="checkbox"/> Parts <input type="checkbox"/> Service		
Years In Business:			
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Telephone:	Fax:		
*** Must Include A Current Picture Of Your Building With Your Store Sign ***			
Name Of Principal Owner & Title:			
Principal Owner Email:			
Purchasing Manager:		Telephone:	
Purchasing Manager Email:			
Accounts Payable:		Telephone:	
Accounts Payable Email:			
Federal ID Number: Must include a copy		State Sales Tax # Must include a copy	
Franchised Dealer: <input type="checkbox"/> Y <input type="checkbox"/> N For:			

**REFERENCES**

<b>Bank Reference</b>			
Bank Name:			
Bank Address:	City:	State:	Zip:
Contact Person:			
Telephone:	Fax:		
<b>Industry &amp; Trade References</b>			
Name:			
Address:	City:	State:	Zip:
Contact Person:	Email:		
Telephone:	Fax:		
Name:			
Address:	City:	State:	Zip:
Contact Person:	Email:		
Telephone:	Fax:		
Name:			
Address:	City:	State:	Zip:
Contact Person:	Email:		
Telephone:	Fax:		