

GIVI USA Inc. (East)  
9309 Forsyth Park Drive  
Charlotte, NC 28273  
Ph: 704-679-4123  
Fax: 704-679-4133

## DEALER ACCOUNT APPLICATION

PLEASE FAX OR EMAIL TO:  
ACCOUNTS@GIVIUSA.COM  
704-679-4133



### Dealer Information

Full Dealer Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

\*For Order Tracking Purposes

- Honda     Yamaha     Suzuki     Kawasaki     Harley-Davidson     BMW     Accessories Only  
 Guzzi     Vespa     Ducati     Kymco     KTM     Piaggio    Other: \_\_\_\_\_  
 Internet / Mail Order     Store Front    Years Established under current ownership: \_\_\_\_\_

### Contact Details

Owner / Officer / Principal: _____	Email: _____
Parts/Accessories Manager: _____	Acct Payable: _____
Phone extension: _____	Phone: _____
Email: _____	Email: _____

\*For Invoices/statements e-mailing

### Payment Terms

- COD  
 Credit Card (Please fill out the credit card authorization form.)

Net 30

**COMPLETE THIS SECTION ONLY FOR NET 30 TERMS.**

(Subject to credit references. First order will ship either Credit Card or COD.)

### Business References

(Only include vendors, who you already have Net 30 terms. Do NOT include Tucker Rocky or Parts Unlimited.)

1. Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Acct.# \_\_\_\_\_ Phone: \_\_\_\_\_ Fax\*: \_\_\_\_\_

2. Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_


Acct.# \_\_\_\_\_ Phone: \_\_\_\_\_ Fax\*: \_\_\_\_\_

All Information on this credit application is furnished on a confidential basis. The undersigned certifies this information to be true and understands that incomplete or unsigned applications will not be processed.

BY SIGNING BELOW, YOU ARE AUTHORIZING GIVI USA TO REQUEST CREDIT HISTORY FROM YOUR BUSINESS REFERENCES.

**Please note:** An account which reflects a past due balance will be subject to finance charges, and may be switched to a more secure form of payment (including pre-payment). Shipments may be withheld until past due balances are paid in full. In the event of non-payment GIVI will undertake collection procedures which may include legal proceedings. The customer agrees to bear the expenses of collection, including reasonable attorney's fees, to the extent allowable by law. Advance notice shall be given to GIVI of any change in business structure relating to ownership, premises location etc. Net

Payments terms are 30 days from date of invoice. Please pay from invoice.

 ~~~ Please supply a copy of your Resale Certificate or Merchant Registration. ~~~  
~~~ WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS DOCUMENTATION ~~~

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Once information is verified your account will be operational in 5 business days.**



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**Recurring Payment Authorization Form**

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your credit card. You will be charged the amount of the invoice. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided.

**Please complete the information below:**

I \_\_\_\_\_ authorize GIVI USA Inc. to charge my credit card for all future invoices on the day the product ships and  
 (full name) credit my credit card for any future product returns or invoice corrections. I also agree to keep my  
 credit card information up-to-date with GIVI USA Inc. at all times.

**Credit Card Information**

|                          |       |                            |            |
|--------------------------|-------|----------------------------|------------|
| <input type="checkbox"/> | VISA  | <input type="checkbox"/>   | MASTERCARD |
| <input type="checkbox"/> | AMEX  | <input type="checkbox"/>   | DISCOVER   |
| Cardholder Name          | _____ |                            |            |
| Account Number           | _____ |                            |            |
| Exp. Date                | _____ | 3 or 4 digit security code | _____      |
| Billing Address          | _____ |                            |            |
| City, State, Zip         | _____ |                            |            |
| Email                    | _____ |                            |            |

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GIVI USA Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.