



Z1 ENTERPRISES DEALER APPLICATION

Please Fill Out and Return to Achieve Dealer Account Status

Thank you for your interest in our company and its products. We ask that you please supply the information requested below. This is to protect you and our existing customers from unauthorized people buying our products at wholesale prices.

Type of business: Dealer: _____ Distributor: _____

Business Name: _____

Phone :(_____) _____ Fax :(_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Email: _____

Please attach the following:

1. Copy of State Resale / Sales Tax License
2. Copy of State Motor Vehicle Seller's Registration License / Business License
3. Store Front Photograph

Type of Business: _____ Proprietorship _____ Partnership _____ Corporation

Buyer's Name: _____

Full Dealer _____ Parts/Accessories Only _____ Repair/Service Only _____

Other (explain) _____

Years in Business: _____ Number of Employees: _____

List all locations: (if more than one) _____

Current franchises and/or Products carried: _____

Sign below to certify the information provided in this application is accurate.

Signature _____ Date _____

Title _____

Please scan and email to: customerservice@z1enterprises.com

or

Mail to: Z1 ENTERPRISES, 201 KELSEY LANE, SUITE B, TAMPA, FL 33619