

Distribution Ebikezilla

# Dealer Application

Return completed signed form :

By Email to [info@ebikezilla.com](mailto:info@ebikezilla.com)

## Organization

BUSINESS NAME (LEGAL NAME)

BUSINESS NAME (TRADING AS)

### BILLING ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE

### SHIPPING ADDRESS (IF DIFFERENT THAN BILLING)

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE

CONTACT NAME

CONTACT EMAIL

WEBSITE URL

## Type of Business

TYPE OF BUSINESS

☐

SOLE PROPRIETOR

☐

PARTNERSHIP

☐

CORPORATION

YEARS IN BUSINESS

REGISTERED STATE

TAX NUMBER (FEDERAL)

TAX NUMBER (PROVINCIAL)

## Owners

NAME

TITLE

HOME ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE

NAME

TITLE

HOME ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE



### EBIKEZILLA

332 boul. Jacques Cartier  
Shannon, QC, Canada  
G3S 0K1

(418) 681-4413  
[www.ebikezilla.com](http://www.ebikezilla.com)  
[info@ebikezilla.com](mailto:info@ebikezilla.com)

## Trade References

TRADE REFERENCE NAME	CONTACT	TELEPHONE
TRADE REFERENCE NAME	CONTACT	TELEPHONE
TRADE REFERENCE NAME	CONTACT	TELEPHONE

## Bank Information

BANK NAME	ADDRESS
BANK CONTACT	CITY, PROVINCE, POSTAL CODE
PHONE	ACCOUNT #

## Certification

I, the undersigned hereby certify that all the information provided is correct and true.

BY NAME / TITLE	SIGNATURE
DATE	



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