

# 4ACP

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**4 All Cycles Performance Shop**  
www4acp.com

**BUSINESS NAME** \_\_\_\_\_

**SHIPPING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**WEBSITE URL** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**OWNERS NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PARTS MANAGER** \_\_\_\_\_ **STARTING DATE OF BUSINESS** \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_ **PROPRIETORSHIP** \_\_\_ **PARTNERSHIP** \_\_\_ **CORPORATION**

**SHOP HOURS** \_\_\_ **TO** \_\_\_ **CIRCLE DAYS OPEN -- S M T W T F S**

**CURRENT BRANDS CARRIED BY YOUR BUSINESS**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**DEALER NUMBERS FOR ABOVE**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**\*\* STATE RESALE NUMBER OR TAX EXEMPT ID NUMBER** \_\_\_\_\_

**PLEASE FAX A COPY OF YOUR TAX EXEMPTION CERTIFICATE TO 302-375-6724**

**EMAIL PHOTOS OF YOUR STORE AND SHOP AREA TO kyle@4acp.com**

**NAME OF APPLICANT** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*\* OFFICE USE ONLY === APPROVED DATE** \_\_\_\_\_ **DEALER #** \_\_\_\_\_