



AMERICAN CUSTOM GOLFCARS, INC.

15740 El Prado Rd. Chino, CA 91710

www.acgcars.com

Tel. 909 597-2885 Fax. 909 597-7183

Dealer Application

Legal Name of Dealer Applicant: _____ Federal Tax ID#: _____

Other Names Dealer is Known as: _____ Former Names of Dealer: _____

Business Address: _____

Date Business was Started: _____ Date Business was Acquired: _____

Key Contact: _____ Phone: (_____) _____

Web Address: _____ Fax: (_____) _____

Email Address: _____ Federal Tax ID#: _____

Business is a (mark one): Corporation* _____ Chapter "S" _____ Limited Liability Company _____
 Partnership _____ Proprietorship _____

*If Corporation, Articles of Incorporation must be attached.

Number of Employees: _____ Gross Annual Sales: _____

Ownership Structure:

	NAME	% OF OWNERSHIP	YEARS WITH APPLICANT	YEARS IN INDUSTRY
President:	_____			
Vice President:	_____			
Treasurer:	_____			
Secretary:	_____			
Other:	_____			

List any other businesses (along with the city and state where they are located) in which officers, stockholders, partners or owners have an interest:

Locations: Please list all locations. (If more than two location, attach a complete listing of all locations.)

	Name	Street	City	State/Zip	Own/Rent
1) Principal Place of Business:	_____				
2) Other Location:	_____				

Dealer Bank Accounts:

Bank	Address	Telephone	Account No.	Contact Person
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Largest Creditors:

Name	Address	Telephone	Account No.	Contact Person
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Principal Guarantors:

Name	Home Address/Phone#	Social Security Number
1)	_____	_____
2)	_____	_____

Financial Information:

Please provide the following financial information to American Custom Golf Cars, Inc.:

- 1) Interim Financial Statement, current and comparable prior year _____
- 2) Last two fiscal year end financial statements _____
- 3) Business Plan (if Available) _____

The above-named Dealer makes this application to American Custom Golf Cars, Inc. ("ACG") for consideration to become a fully authorized and exclusive Dealer for ACG and its products and gives the above information to ACG for this purpose. Dealer authorizes ACG to investigate information concerning any statements made herein. I (or we, in the event that additional principals or potential guarantors execute this application by signing below) understand that my (our) company credit history may be requested in connection with this application. Dealer authorizes ACG to contact credit and banking references listed herein for the purpose of verification of the information listed herein. Dealer authorizes ACG to use any telephone, facsimile machine, computer or other device to send communications concerning ACG programs to Dealer. To the best of the knowledge of the undersigned, the information provided in this application is true and complete.

ALL OFFICERS, PARTNERS OR PROPRIETORS ARE REQUIRED TO SIGN

Dealer Applicant Name: _____

Authorized by: _____ Date: _____

Title: _____

Additional Principal or Guarantor's Name: _____

Signature: _____ Date: _____

Additional Principal or Guarantor's Name: _____

Signature: _____ Date: _____