

# OXFORD PRODUCTS USA INC.

4815 Executive Park Court, Suite 105, Center Point Business Park,  
Jacksonville, Florida, 32216, USA



Toll Free: (855) 341-0076 Fax: (904) 683-1125  
Email: dealerapplication@oxford-products.com

LEGAL COMPANY NAME: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-Mail\*: \_\_\_\_\_

\* You will be notified on this email address of your credit application status and credit limit

TYPE OF BUSINESS: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Year business established \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_ MOTORCYCLE \_\_\_\_\_ ATV \_\_\_\_\_ V\_TWIN \_\_\_\_\_ SNOWMOBILE \_\_\_\_\_

FRANCHISED BRANDS SOLD: \_\_\_\_\_

### PRINCIPALS OR OWNERS:

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ BANK PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_ CHECKING ACCT.#: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### TRADE REFERENCES: Please list three companies you do business with on credit:

NAME: \_\_\_\_\_ PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CREDIT LINE REQUESTED:\$ \_\_\_\_\_

I (we) hereby certify the statements in this application for open account credit are true and complete. I (we) agree to pay all bills when same become due or payable pursuant to the terms of sale. I (we) further agree to pay all carrying charges not to exceed 1 ½% per month, on past due balance, if applicable, and all collection costs plus reasonable attorney's fees in the event action is commenced against the firm for non-payment. Further, I (we) personally guarantee and will be individually responsible for all debts incurred by the firm requesting credit herein and its representatives. I (we) grant security interest all inventory proceeds from inventory sold to us by Oxford Products USA Inc., and its divisions.

DATE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

**Must Be Signed By Legal Owner(s) Of Applicant Company and Original Returned To Our Office**