



Cioni Inc., dba MID-USA Motorcycle Parts  
 4937 Fyler Avenue St. Louis, MO 63139-1111  
 Phone: (314)351-3733 Fax: (314) 351-7228

# DEALER APPLICATION

Date: \_\_\_\_\_

**Please complete the following in its entirety and return to MID-USA MOTORCYCLE PARTS.**

Included must be a copy of your business and/or resale license, & photos of your shop, both interior & exterior (no photocopies, please). Exterior photos must include building address, signage and area photo including your building. Please also include a copy of your yellow page telephone listing, proof of commercial utility service, proof of commercial insurance. We only sell to licensed operations whose primary business is motorcycle sales or service. (If information is faxed, please mail all original copies.) Please print or type.

**A completed Dealer Application does not Guarantee Acceptance as a MID-USA Motorcycle Parts Dealer.**

Legal Firm Name \_\_\_\_\_ Doing Business As \_\_\_\_\_

Street Address (Billing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Business Started \_\_\_\_\_

Street Address (Shipping) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E Mail Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax Phone ( ) \_\_\_\_\_ Alt Phone #(s) \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

County \_\_\_\_\_ State Resale Number \_\_\_\_\_ EIN Number \_\_\_\_\_

Name of Owners, Partners, Shareholders Home Address City/State Zip Phone

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

Is a Purchase Order Number Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Shop: Franchised Dealer (State Make) \_\_\_\_\_ Franchise Number \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Accessory Store \_\_\_\_\_ Used Bike \_\_\_\_\_ Repair \_\_\_\_\_

**Type of Account Requested: For C.O.D Company Check and Open Account Terms please complete the Credit Application**

- C.O.D. (Money Order, Cashiers Check or Bank Draft)  C.O.D. (Company Check)  
 Credit Card (Credit Card Authorization form must be filled out)  Open Account

**Authorized Purchasers**

**Title**

**Social Security Number**

Authorized Purchasers	Title	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AGREEMENT OF CONDITIONAL SALE AND SECURITY AGREEMENT**

It is agreed by the undersigned that; (1) All goods and merchandise sold to the undersigned will be due and payable within the terms specified on each invoice and as agreed; (2) Any sums not paid within the agreed terms are subject to service charges of eighteen percent (18%) per annum; and (3) The undersigned shall pay all sums due and owing and any sum resulting from action necessary to collect on any past due balances. (4) All monies collected as result of placement of account with Collection Agency will first be applied to collection fees.

Dated: \_\_\_\_\_

Print Name

Signature

By \_\_\_\_\_

\_\_\_\_\_

If corporation, please have officers execute

Signatures of owners or name of corporation or partnership



**Cioni Inc., dba MID-USA Motorcycle Parts**  
 4937 Fyler Avenue St. Louis, MO 63139-1111  
 Phone: (314)351-3733 Fax: (314) 351-7228

# CREDIT APPLICATION

The undersigned will; (1) Upon request from Cioni Inc. dba MID-USA Motorcycle Parts, return all or part of any merchandise that was purchased from MID-USA Motorcycle Parts should the payment of the open account become delinquent; (2) Upon request supply a Uniform Commercial Code Financing Statement. This is your authority to furnish requested information regarding your bank accounts and references to establish Company Check, or Open Account Terms with **MID-USA MOTORCYCLE PARTS.**

Dated: \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

By \_\_\_\_\_

If corporation, please have officers execute

Signatures of owners or name of corporation or partnership

**BANK INFORMATION** (We only accept Commercial Checking Account Information) Please include all business accounts including any line of credit information. Please continue on separate sheet of paper if necessary.

Bank Name \_\_\_\_\_ Account #(s) \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

List four references

Name \_\_\_\_\_ Account # \_\_\_\_\_ Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PERSONAL CONTINUING GUARANTEE

For value received and to induce you to extend credit hereunder, the undersigned jointly and severally guarantee payment, of any and all indebtedness, which \_\_\_\_\_ (hereinafter "Company") has incurred or may incur in the performance of all obligations of said Company to **Cioni Inc.** dba MID-USA Motorcycle Parts or any related or subsidiary corporation. The liability of the undersigned shall not be affected by the amount of credit extended hereunder, by any change in the form of the indebtedness, by note or otherwise, or by the renewal or extension thereof. Notice of acceptance of this guarantee, of the extension of said indebtedness, of sales, of orders, of deliveries, of default in payment, of the release of the whole or part of the indebtedness, or of any other matter with respect hereto, is waived. This guarantee shall be enforceable before or after any proceeding against the Company and shall be effective regardless of the solvency of the Company, the subsequent incorporation or failure of incorporation, the assignment, transfer or sale of said Company, or by any other change in the composition, nature, personnel or location of the Company. Should this matter be referred to an attorney for collection, the undersigned shall pay all expenses of collection and reasonable attorney's fees incurred by reason of the default of the Company, if allowable by applicable law. This guarantee shall continue in full force and effect for thirty (30) days after such date of your receipt, by certified mail, of written notice of revocation of this guarantee. Such revocation shall not relieve the undersigned of any liability for any indebtedness or obligation incurred prior to the expiration of thirty (30) days following the receipt of such notice.

\_\_\_\_\_  
 GUARANTOR'S SIGNATURE

\_\_\_\_\_  
 GUARANTOR'S SIGNATURE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 PHONE #

\_\_\_\_\_  
 PHONE #

\_\_\_\_\_  
 DRIVERS LICENSE NO STATE

\_\_\_\_\_  
 DRIVERS LICENSE NO STATE

Subscribed and sworn before me, the undersigned Notary Public within and for the state of \_\_\_\_\_ and the County of \_\_\_\_\_, this \_\_\_\_\_ day of 20\_\_ in the City of \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC WITHIN AND FOR SAID COUNTY AND STATE