

Distributor Application Form

Company/Individual: _____ *Distributor #: _____

Address: _____ Phone: _____

Fax: _____

City: _____ Cell: _____

State: _____ Zip: _____ Email: _____

Website: _____

Primary Business Description:: _____

(i.e. motor shop, car retailer auto parts supply chain, etc.)

Preferred method of payment (Visa, MasterCard, AMEX, *Open Account): _____

Card #: _____ Exp. Date: _____

*Distributor number will be assigned by LuBoron LLC

*Open accounts require minimum initial purchases of \$750 and terms will be subject to credit approval

Signature: _____ Date: _____

Sales Representative: _____ Sales Rep#: _____