

DEALER ACCOUNT APPLICATION FORM

Alchemy Bicycle Works
720 Rosita ST, Santa Fe, NM 87505

Please fax your completed application to **888-861-6425** or mail to the address above:

In addition to this application, we require copies of **one** of the following items to verify your dealer status:

- Business License
- State tax certificate

Date: _____

Company/Store Name: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail address: _____

Company Contact Person: _____

Credit Card Information

Name as it appears on credit card: _____

Card #: _____ Card Type: _____

Exp. Date: _____

CID/CVV: _____ 3 digit code on the back of card in the signature strip

Card Holder's Address (if different from shipping address): _____

City: _____ State: _____ Zip: _____

This authorizes Alchemy Bicycle Works to accept phone or e-mail orders from our business, charge the cost of such orders to my credit card account and ship the merchandise to the shipping address above. By signing this document, I/We am/are accepting all responsibility for these transactions to ensure full payment to the merchant. We will inform Alchemy Bicycle Works immediately if the card changes or is no longer valid.

(Card Holder's Signature)

Account Profile: (check those that apply)

- Retail Store, # stores _____
- Store & Internet. Urls _____
- Internet Only. Url _____
- Custom Wheel Builder