



# DEALER APPLICATION

Thank you for your interest in becoming an authorized dealer with Freedom Unlimited Inc.

PLEASE COMPLETE ALL INFORMATION BELOW AND EMAIL WITH REQUIRED DOCUMENTS TO:  
**INFO@FREEDOMUNLIMITEDINC.COM** | SUBJECT LINE: **WHOLESALE APPLICATION**

Business Name: \_\_\_\_\_

Business DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Shipping Address (If different from Billing): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Business Type:  S-Corp  C-Corp  LLC  Sole Proprietorship

Fed Tax ID #: \_\_\_\_\_

Business Lic #: \_\_\_\_\_

Seller's Permit / Resale Cert #: \_\_\_\_\_

**\*\*\* CALIFORNIA DEALER MUST SUBMIT AN ACTIVE RESALE CERTIFICATE \*\*\***  
**\*\*\* CA AB 1263 ALL PRE-CURSOR PARTS MUST SHIP TO APPROVED ENTITY \*\*\***

*I hereby certify that the information provided on this application is true and accurate. I authorize Freedom Unlimited Inc. to verify the information and documents submitted for the purpose of establishing a dealer account. I understand that Freedom Unlimited Inc. reserves the right to approve or deny any application at its sole discretion.*

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