

GIVI USA Inc. (East)
9309 Forsyth Park Drive
Charlotte, NC 28273
Ph: 704-679-4123
Fax: 704-679-4133

GIVI USA Inc. (West)
506 E. Glendale Ave.
Sparks, NV 89431
Ph: 775-359-0900
Fax: 775-359-1949

Email: accounts@giviusa.com

ACCOUNT APPLICATION



Dealer Information

Full Dealer Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ Email: _____

*For Order Tracking Purposes

*For general contact information / parts dept. etc.

- Honda Yamaha Suzuki Kawasaki Harley-Davidson BMW Accessories Only
 Guzzi Vespa Ducati Kymco KTM Piaggio Other: _____
 Internet / Mail Order Store Front Years Established under current ownership: _____

Contact Details

Owner / Officer / Principal: _____	Email : _____
Parts/Accessories Manager: _____	Acct Payable: _____
Phone extension: _____	Phone: _____
Email: _____	Email : _____

*For Invoices/statements e-mailing

Business References

(Only include vendors, who you already have Net 30 terms. Do NOT include Tucker Rocky or Parts Unlimited.)

1. Business Name: _____ Contact: _____
Acct.# _____ Phone: _____ Fax*: _____
2. Business Name: _____ Contact: _____
Acct.# _____ Phone: _____ Fax*: _____

Bank References

Bank Name: _____ Account#: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____

Payment Terms


- COD
 Net 30 (Subject to credit references. First order will ship either Credit Card or COD.)
 Credit Card (Please fill out the credit card authorization form.)

All Information on this credit application is furnished on a confidential basis. The undersigned certifies this information to be true and understands that incomplete or unsigned applications will not be processed.

BY SIGNING BELOW, YOU ARE AUTHORIZING GIVI USA TO REQUEST CREDIT HISTORY FROM YOUR BUSINESS REFERENCES.

Please note: An account which reflects a past due balance will be subject to finance charges, and may be switched to a more secure form of payment (including pre-payment). Shipments may be withheld until past due balances are paid in full. In the event of non-payment GIVI will undertake collection procedures which may include legal proceedings. The customer agrees to bear the expenses of collection, including reasonable attorney's fees, to the extent allowable by law. Advance notice shall be given to GIVI of any change in business structure relating to ownership, premises location etc.

Net Payments terms are 30 days from date of invoice. Please pay from invoice.

 Tax Id #: _____ ~~~ Please supply a copy of your Resale Certificate or Merchant Registration. ~~~ ~~~ WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS DOCUMENTATION ~~~

Authorized Signature: _____ Title: _____ Date: _____

Note: Once information is verified your account will be operational in 5 business days.



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Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount of the invoice. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided.

Please complete the information below:

I _____ authorize GIVI USA Inc. to charge my credit card for all future invoices on the day the product ships and
 (full name) credit my credit card for any future product returns or invoice corrections. I also agree to keep my credit card information up-to-date with GIVI USA Inc. at all times.

Credit Card Information

<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD
<input type="checkbox"/>	AMEX	<input type="checkbox"/>	DISCOVER
Cardholder Name	_____		
Account Number	_____		
Exp. Date	_____	3 or 4 digit security code	_____
Billing Address	_____		
City, State, Zip	_____		
Email	_____		

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GIVI USA Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.