



571 B Crane St.
Lake Elsinore, CA 92530
P: 714-464-2050

Thank you for your inquiry into becoming a Suspension Direct Authorized Dealer.

Please take the time to read the information listed below and fill-out the following application. All information must be provided to process your application.

Dealer Authenticity

SDI is concerned about protecting legitimate dealers from unfair competition. Therefore, we require proof of legitimacy before establishing a dealer account. Proof of legitimacy must include the following:

Completed dealer application with signature & date

Copy of your current local business license & current sales tax license

Two Business cards

All new dealer applicant inquiries will be directed to the SDI sale office. A SDI Dealer number will be issued only after the sales representative has verified that the applicant meets Suspension Direct, Inc. requirements.

Please, allow 1-2 weeks for processing upon receipt of your dealer application.



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Please help us in processing your application as quickly as possible. Be sure to:

- ☐ Fill out the Dealer application completely – *Application will be delayed if all requested information is not supplied*
- ☐ Signature & date requested below
- ☐ Copy of current local business license & current Sales tax license
- ☐ Business cards (2)

1) Legal Business Name _____

2) Shop Name _____

Street Address _____

City _____ State _____ Zip _____

3) Billing Address (if different than above) _____

City _____ State _____ Zip _____

4) Business Phone: _____ Fax: _____

5) Website: _____ Email address: _____

6) Date Business Started _____ Days & Hours of Operation _____

7) _____
Name of owner, partner, shareholder

Home address City State Zip

Name of owner, partner, shareholder

Home address City State Zip

8) Type of Business: [] Sole Proprietorship [] Partnership [] L.L.C. [] Corporation

Date of Incorporation: _____ State Where Incorporated: _____

Federal ID Number: _____ (required if business is a partnership or corporation)

Or Owners Social Security Number _____ (if sole proprietorship or partnership)

9) Please list 2 Suppliers:

Name _____ How Long _____

Name _____ How Long _____

10) Primary Contact Person _____

10) How did you hear about us? _____

Signature _____ Date _____

Must be owner or corporate officer.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Cat. No. 10231X

Form **W-9** (Rev. 12-2014)



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Yearly Credit Card Authorization Form

Charges posted from 01/01/2023 to 12/31/2023

Please complete and sign this authorization form and return to Suspension Direct Inc.

Name
Company
Date

Card Details:

Card Number	
Expiration Date	Security Code

By you providing your credit card number above, you are authorizing Suspension Direct Inc to automatically charge your card on file when items are shipped.

Would you like to be notified before every shipment?
If Yes, This may delay your shipment.

☐

Yes

☐

No

Billing Address

Street	
City	
State	Zip

Annual Credit Card Authorization form for orders/purchases shipped out from Suspension Direct Inc. I authorize Suspension Direct Inc., to charge my credit card provided above for all my 2021 purchases placed with Suspension Direct Inc. I agree to pay for these purchases in accordance with the issuing bank cardholder agreement. Any transaction over \$10,000.00 in sales will also require a verbal phone authorization.

Signature	Date:
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Please note your account information is securely encrypted through our Merchant Service Provider. We will securely save your information on file.

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

()

DATE