



VEGA DEALER # _____
for office use only

(Soaring Helmet Corporation)

6967 Speedway Blvd Suite AA103 Las Vegas, NV 89115 www.vegahelmet.com TEL: (800)728-4898 FAX: (800)728-4998 orderdesk@vegahelmet.com

New Application Update to Existing Acct # _____ International

DEALER ACCOUNT/ CREDIT APPLICATION

Section I
Legal Name _____

DBA _____ PHONE: _____

Email: _____ FAX: _____

Contact: _____ Title: _____

Billing: _____ Ship to: _____ if different

Check one: Corporation / LLC Partnership/ proprietorship Date Business Established: _____

Federal EIN _____ Purchase for Resale _____ Resale Certificate # _____

Payment Options: Credit Card complete below C.O.D. please complete section II Open (Net 30) please complete section II

Card # _____



exp date _____ / _____
month year Validation code: _____

Cardholder's Name _____

Billing Address _____

cardholder's signature authorizing Vega to charge this card. date

I/We agree to the provisions set forth in the attached Important Dealer Information page.
I/ We certify that the above information and all accompanying information is true to the best of my knowledge.

Signature of Owner/ Corporate Officer only Print Name Title Date

COMPLETED APPS CAN BE FAXED TO 1-800-728-4998 OR EMAILED TO ORDERDESK@VEGAHELMET.COM

