



Dealer Application

Please complete the entire dealer application form. When submitting your application, the following items **must** be included:

- A copy of your business license
- A copy of your state tax resale certificate
- A copy of your yellow pages ad or photos of your store front.

Additionally, you must be a legitimate motorcycle retailer or service center for motorcycles and/or a motorcycle accessories retailer with a store front.

Please fill out both pages completely and fax to:

972-488-2772

Business Information

Business name: _____

Address: _____

City, State: _____ **Zip:** _____

Business Phone: _____

E-mail Address: _____

Business Fax: _____

Owner(s) Information

Owner(s) name: _____

Home Address: _____

City, State: _____ **Zip:** _____

Home Phone: _____

Year Started: _____ **Years in Business:** _____

Daily Hours: _____ **to:** _____ **Closed what days:** _____

Bank Name: _____

Bank Address: _____

City, State: _____ **Zip:** _____

Bank Contact: _____

Phone: _____



Dealer Application

Type of Business

Franchised

If franchised, specify brands:

Motorcycle Parts & Accessories

Motorcycle Service/Repair

Current Suppliers & Terms

- NOTE: Must include full address and phone numbers -

Business 1 Name: _____

Address: _____

City, State: _____ Zip: _____

Contact: _____ Phone: _____

Since: _____ Terms: Cash: _____ Check: _____ Open: _____

Account Number: _____

Business 2 Name: _____

Address: _____

City, State: _____ Zip: _____

Contact: _____ Phone: _____

Since: _____ Terms: Cash: _____ Check: _____ Open: _____

Account Number: _____

Business 3 Name: _____

Address: _____

City, State: _____ Zip: _____

Contact: _____ Phone: _____

Since: _____ Terms: Cash: _____ Check: _____ Open: _____

Account Number: _____

Please fill out both pages completely and fax to:

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Owner or Manager Signature: _____