



DEALER APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS LICENSE # _____ NATURE OF BUSINESS _____

TAX PERMIT # _____ CORPORATION? YES _____ NO _____

BUS. PHONE (____) _____ BUS. FAX (____) _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

OWNER'S PHONE (____) _____ YEAR BUSINESS STARTED _____

BUSINESS HOURS _____

PERSONS AUTH. TO PLACE ORDERS _____

CURRENT SUPPLIERS OF MOTORCYCLE PARTS: _____

FOR OFFICE USE ONLY: _____