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DEALER APPLICATION (PLEASE TYPE OR PRINT)

DATE _____

LEGAL BUSINESS NAME _____ FED ID# _____

STREET ADDRESS _____

CITY _____ COUNTRY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____ E-MAIL: _____

FRANCHISE TYPE _____ DRL # _____ OR ACCESSORIES DEALER _____

OWNER'S OR OFFICER'S NAME(S) _____

HOME ADDRESS _____ HOME PHONE _____

PARTS MANAGER _____ HOME PHONE _____

BANK NAME _____ PHONE # _____

ADDRESS _____ ACCOUNT # _____

CITY _____ STATE _____ ZIP CODE _____

BANK CONTACT _____ PHONE # _____

TYPE OF BUSINESS: DBA _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

MOTOR CYCLE BUSINESS REFERENCES:

NAME _____ CUSTOMER # _____ TERMS _____

NAME _____ CUSTOMER # _____ TERMS _____

NAME _____ CUSTOMER # _____ TERMS _____

OWNER'S SIGNATURE _____ DATE _____

BUSINESS HOURS: M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

BEST TIME TO CALL _____ YEARS IN BUSINESS _____

PLEASE INCLUDE COPY OF BUSINESS LICENSE