



DEALER APPLICATION

Company Name: _____ Primary Contact Name: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

UPS Delivery Address: (if different than above) _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Fax Number: _____

Email Address: _____ Website URL: _____

Business Type (Corp., Partnership, ETC..) _____ State Resale Number: _____

Trade Reference: (List PowerSports Distributors you do business with)

Company Name: _____ Account # or Contact: _____ Tel: _____

Company Name: _____ Account # or Contact: _____ Tel: _____

Company Name: _____ Account # or Contact: _____ Tel: _____

Application Checklist:

- 1) ___ Signed Dealer Agreement
- 2) ___ Completed Application
- 3) ___ Credit Card Authorization
- 4) ___ Copy of Business License
- 5) ___ Opening Order

Email for (PDF) invoices: _____

Parts Manager: _____ Email: _____

Terms Requested: _____

Fax Completed Application to 619-330-2508

INCLUDE a Copy of your Resale Certificate and Credit Card Authorization
