



DEALER APPLICATION

DATE: _____ HAVE YOU EVER APPLIED BEFORE? YES _____ NO _____

OWNER/CONTACT PERSON: _____

LEGAL BUSINESS NAME: _____

BUSINESS LICENSE: YES _____ NO _____ LICENSE NUMBER: _____

WHOLESALE LICENSE: YES _____ NO _____ LICENSE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____ CELL: () _____

E-MAIL ADDRESS: _____ WEB ADDRESS: _____

DOES YOUR DEALER LOCATION HAVE 650 SQUARE FEET OF SHOWROOM SPACE? YES _____ NO _____

DOES YOUR DEALER LOCATION HAVE 400 SQUARE FEET OF PARTS/SERVICE SPACE? YES _____ NO _____

BUSINESS CLASSIFICATION:

CORPORATION SUB S CORPORATION PARTNERSHIP

LIMITED LIABILITY COMPANY INCORPORATION

PARTNERSHIP INFORMATION:

NAME _____ TITLE _____ SSN _____

NAME _____ TITLE _____ SSN _____

NAME _____ TITLE _____ SNN _____

DATE OF INCORPORATION: _____ PROVINCE OF INCORPORATION: _____

FEDERAL TAX #: _____ PROVINCIAL TAX # _____

FISCAL YEAR END: _____ ANNUAL SALES: \$ _____

NUMBER OF YEARS IN BUSINESS: _____ YEARS UNDER CURRENT MANAGEMENT: _____

HAS THE COMPANY EVER FILED A PETITION FOR BANKRUPTCY? YES _____ NO _____

MOTORCYCLE LINES CARRIED HOW LONG? ANNUAL SALES

