



Dealer Application

Business Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **Fax #** _____

Contact Person _____

www. _____

Resale # _____

Motorcycle Business References

Name _____ **Phone** _____ **Acc#** _____

Name _____ **Phone** _____ **Acc#** _____

Owners Signature _____ **Date** _____



In order to process your dealer application we will need the following information.

A: Copy of your resale number or sellers permit.

B: Copy of ad from phonebook or magazine.

C: Picture of retail store.

If you have any questions please don't hesitate to call our office.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Lindby', written over a white background.

Per Lindby