



NEW APPLICANT
 CHANGE TERMS

DEALER APPLICATION

The following information must be provided in clear print or type. It will be held in the strictest confidence. For new or non-franchised business, additional information is needed such as shop photos, business ads, or yellow page listing.

NAME OF SHOP OR STORE _____ RESALE TAX NUMBER _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS) _____

PHONE _____ FAX _____ E-MAIL _____

WEBSITE _____ MOTORCYCLE FRANCHISES _____

TYPE OF BUSINESS _____

Corporation: Partnership Sole Proprietor LLC Years at this Location _____

NAME OF PRINCIPAL(S) COMPLETE HOME ADDRESS ZIP PHONE

1. _____

2. _____

CONTACTS: BUYER _____ ACCOUNTS PAYABLE _____

E-mail _____ E-mail _____

Trade References (Major Suppliers):

NAME	PHONE #	NAME	PHONE #
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

TERMS REQUESTED: COD Certified Check/ Money Order COD Company Check Net 15 Days

Credit Card: Mastercard, Visa, or American Express accepted with information to be supplied at the time of the first order.

OK to ship COD Certified Check/Money Order until terms approved.

I certify this is a legitimately licensed storefront business and that all the information on this form is correct. I fully understand your terms and agree to the proper payment in consideration of extended terms. Permission is granted to contact the above references for any credit information desired.

Signed _____

Date _____ Title _____

FOR OFFICE USE ONLY

CODE: _____ SALES: _____ TERMS: _____
EFF DATE: _____ BY: _____

FAX to: 800-243-1399 or 413-668-1101
MUSTANG MOTORCYCLE PRODUCTS, LLC

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