



1. Complete and submit this Retailer Application by email – send back completed form as a Word document.
2. Email us a copy of Tax ID # and Business License

---

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Year Bus. Started: \_\_\_\_\_ EIN/Tax ID: \_\_\_\_\_

Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

---

Business Owner's Name: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Contact Person: \_\_\_\_\_ Contact's Phone #: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

---

LIST 3 Motorcycle BUSINESSES THAT ACCEPT YOUR COMPANY CHECK:

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

---

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ Sate: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_