

# DEALER APPLICATION

**AUTOMATIC**  
DISTRIBUTORS

The information listed below must be completed and returned to us as soon as possible so that we may establish your account. Please understand that this application applies to becoming an active wholesale customer. If you wish to have an open credit line with us and to avoid COD shipments a credit application must be filled out and approved.

## Business Information

Company Name \_\_\_\_\_ Sales Tax# \_\_\_\_\_

Company Address \_\_\_\_\_ Years in business \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

Shipping City, State, & Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

General E-mail \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Phone \_\_\_\_\_

Purchasing E-Mail \_\_\_\_\_

A/P Contact \_\_\_\_\_ Phone \_\_\_\_\_

A/P E-Mail \_\_\_\_\_

**Type of business:**  Sole Proprietorship  Partnership  Corporation

**Purchase order required?**  Yes  No **Do you want backorders?**  Yes  No

**Please check all that applies to what best describes your business**

Is your business:  Dealership  Parts House  Repair Shop  Internet

We sell/repair:  ATV/UTV  Dirt Bikes  Jet Skis  Motorcycles  Snowmobiles  Trailers

Brands Sold \_\_\_\_\_

**Please name two trade suppliers with whom you currently have a purchase history**

Name \_\_\_\_\_

Name \_\_\_\_\_

**I certify that I have read the above statements and all information provided is accurate**

Legal Company Name \_\_\_\_\_

X \_\_\_\_\_

Authorized Signature

Date

Print Name of Authorized Signature

Title