



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, Social Media references.

DEALER NAME _____ RESALE TAX NUMBER _____

BILLING ADDRESS _____ FEDERAL TAX (EIN) NUMBER _____

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. _____

Payment Options:

- Credit Card: Mastercard, Visa, or American Express. (Don't provide credit card info on this form).**
- Paypal**
- Bank wire prior to shipment**

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

We are in possession of a copy of the Kodlin USA MAP (Minimum Advertised Pricing Policy) and will follow those guidelines.

Signed _____

Date _____ **Title** _____

FOR OFFICE USE ONLY

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

Email to: info@KodlinUSA.com

Kodlin USA Incorporated

V1. Kodlin