



U.S.A. Toll Free 1-800-325-3914 • Local & International 636-931-3200 • Nationwide Fax 1-800-328-RIDE (7433)  
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2100 Highway Z • P.O. Box 669 • Pevely, MO 63070 • midwest@midwestmc.net

### DEALERSHIP APPLICATION

New customer terms will be C.O.D. CASH until this application has been processed.  
This form must be filled out completely, legibly, and **SIGNED (required; see reverse side)**, for Midwest Motorcycle Supply to process information.  
See reverse side for open credit application. **Please enclose all of the following:**

1. A copy of your letterhead, business card, etc.
2. A copy of your sales tax exemption certificate.
3. A copy of your retail seller's permit, city or county business registration.
4. Your yellow page listing under "Motorcycles"
5. Photographs of your business (inside and out). **BUSINESS MUST BE SEPARATE FROM YOUR RESIDENCE.**

#### BUSINESS INFORMATION:

Legal Firm Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Date Business Started \_\_\_\_\_ How Long Business In Present Location \_\_\_\_\_

Name Of Owner, Partner  \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name Of Owner, Partner \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address  \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Individual Partnership \_\_\_\_\_

State Where Incorporated \_\_\_\_\_ Date Of Incorporation \_\_\_\_\_ Federal ID# \_\_\_\_\_

Sales Tax# \_\_\_\_\_

#### PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS:

Motorcycle Franchise

Retail Chain Or Discount Store

Custom Motorcycles

H-D®# \_\_\_\_\_

Motorcycles Service Only

Types \_\_\_\_\_

Parts & Accessories Only

Other \_\_\_\_\_

#### DEALERSHIP VERIFICATION

TO PROTECT OUR DEALERS FROM ABUSE BY PRIVATE INDIVIDUALS OR OTHER TRADES POSING AS MOTORCYCLE DEALERS, WE DO BUSINESS ONLY WITH LEGITIMATE MOTORCYCLE DEALERS HAVING A PLACE OF BUSINESS LOCATED SEPARATELY FROM YOUR RESIDENCE, BUSINESS TELEPHONE LISTED IN THE YELLOW PAGES, CURRENT EXEMPTION CERTIFICATE, AND BUSINESS LICENSE WHERE APPLICABLE.

**CREDIT**

TO ACCEPT A COMPANY CHECK FOR PAYMENT IS CONSIDERED AN EXTENSION OF CREDIT. TO APPLY FOR C.O.D. COMPANY OR OPEN ACCOUNT, PLEASE PROVIDE THE FOLLOWING INFORMATION (BACK SIDE ALSO). ORDERS WILL BE SHIPPED C.O.D. CASH UNTIL CREDIT IS ESTABLISHED. PLEASE ALLOW 3-4 WEEKS FOR PROCESSING.

C.O.D. Cash \_\_\_\_\_ C.O.D. Company Check \_\_\_\_\_ Open Account (NET 10th) \_\_\_\_\_ Wire Transfer \_\_\_\_\_

MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ Discover/NOVUS \_\_\_\_\_

THIS AUTHORIZES THE USE OF MY MASTERCARD / VISA / DISCOVER / NOVUS (circle one) BY MIDWEST MOTORCYCLE SUPPLY DIST. CORP. TO PAY FOR ORDERS PLACED BY PHONE.

My MasterCard / VISA / Discover / NOVUS (circle one) number is: \_\_\_\_\_ 3 Digit Security No. is: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Cardholder's Name (please print) \_\_\_\_\_

Billing Address of Credit Card Holder: \_\_\_\_\_

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

PLEASE FILL OUT COMPLETELY TO APPLY FOR C.O.D. COMPANY CHECK OR OPEN ACCOUNT

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Bank Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

LIST REFERENCES WHICH ACCEPT YOUR COMPANY CHECK OR EXTEND CREDIT ON ACCOUNT (PREFERABLY WITHIN THE MOTORCYCLE

Name \_\_\_\_\_ Dealer Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Contact \_\_\_\_\_

Terms With Company:  Open  C.O.D.  Company Check  Cash  Other

Name \_\_\_\_\_ Dealer Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Contact \_\_\_\_\_

Terms With Company:  Open  C.O.D.  Company Check  Cash  Other

Name \_\_\_\_\_ Dealer Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Contact \_\_\_\_\_

Terms With Company:  Open  C.O.D.  Company Check  Cash  Other

I AM APPLYING FOR COMPANY CHECK ACCEPTANCE/OPEN ACCOUNT FROM MIDWEST MOTORCYCLE. PLEASE RELEASE THE INFORMATION NEEDED TO HELP THEM MAKE THEIR DETERMINATION. I HAVE COMPLETED THIS APPLICATION TO OBTAIN CREDIT. I CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE.

I AUTHORIZE MIDWEST MOTORCYCLE TO CHECK ALL INFORMATION LISTED. I PERSONALLY GUARANTEE PAYMENT OF ALL MONIES DUE AND OWING, INCLUDING COLLECTION FEES AND/OR ATTORNEY FEES AND COURT COSTS TO MIDWEST MOTORCYCLE FOR PURCHASES MADE IN THE EVENT

\_\_\_\_\_ DOES NOT PAY THE AMOUNT DUE.  
Company Name (Print)

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

If more than one owner, both must sign;

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date