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DEALERSHIP APPLICATION

New customer terms will be CASHIERS CHECK 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 **X** _____ Social Security # _____ Home Phone # _____

Name Of Owner, Partner _____ Social Security # _____ Home Phone # _____

Home Address **X** _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

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: _____

Expiration Date _____ Cardholder's Name (please print) _____

Billing Address _____ Billing Zip Code _____

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 INDUSTRY). **DO NOT LIST MIDWEST MOTORCYCLE AS A REFERENCE.**

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. THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE. 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
Company Name (Print)

Owner's Printed Name

Date

Owner's signature

Date

If more than one owner, second must both print and sign copy of this form