



# Motorcycle Company Dealer Application

9550 North 90<sup>th</sup> Street, Scottsdale, AZ 85258

PH: 480.661.1990

FAX: 480.314.2390

www.musclebikes.com

Dealership Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Website: [www.](#) \_\_\_\_\_

Organization Structure: (circle one) Partnership Corporation LLC Other:

Current Motorcycle Brands Sold: \_\_\_\_\_

Flooring Co: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Flooring Co: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dealer's License No: \_\_\_\_\_ State: \_\_\_\_\_

Resale Tax No: \_\_\_\_\_ Federal ID No: \_\_\_\_\_

## OWNER / OFFICERS / PRINCIPAL INFORMATION

Title: \_\_\_\_\_ Title: \_\_\_\_\_

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

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

## CREDIT REFERENCES

Organization: \_\_\_\_\_ Organization: \_\_\_\_\_ Organization: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CREDIT REPORTING

The undersigned Herby authorizes Surgical-Steeds Classic American Motorcycles, Inc. to conduct credit checks for the purpose of business references/history and to obtain credit history information:

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

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