



Dealer Application

Ship to & Bill to:

Phone: _____

Fax: _____

Corporation___ Partnership___ Sole Proprietor___ Franchise___

What do you resell? Harley/American Custom___ Metric Custom___
Truck/Automotive Custom___

Are you a Retail Store___ or an internet only company___?

Resale # : _____ (please attach certificate & Business license with application)

Purchasing Contact

Email address

Business References

Phone / Fax Numbers

Bank Reference

Please fax back to: 704-865-2353 or Mail to P.O. Box 1673 Gastonia NC 28053

