



P.O Box 12456 Green Bay, WI 54307-2465
Phone: 920-884-0496 Fax: 920-884-0498

DEALER APPLICATION

Minimum \$300 first order for all new applications. Mandatory \$1000 minimum per year for all dealers.

Company Name, Billing Address, Shipping Address, City/State/Zip, Sole Proprietorship, Partnership, Corporation - State of Incorporation, Date of Incorporation, Federal I.D. #, Sales Tax #, Wis. Sales Permit #, Year Established, Gross Sales, Num. of Employees, Phone, Fax, E-Mail, Web Address

Complete the following where applicable

President/Owner, Vice President, S.S.#

Corporation complete the following as applicable

Name of Parent Company, Parent Company Address

TRADE REFERENCES

Three sets of trade reference forms including Company Name, Address, City/State/Zip, Contact, Phone, Fax, Yrs. With Firm, Acct#

Credit Card Accounts Only

BANK INFORMATION

Name of Bank, Address, Phone, Fax, Contact Name, Years with Institution, Business Checking Account Number

Credit Applicant: Please Sign and Date Below

The above named customer hereby makes an application for credit with Powersports Supply Int. and warrants that all information contained herein is true and correct and authorizes its use for the purpose of obtaining trade credit.

Application Signature, Printed Name and Title, Date



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PLEASE COMPLETE AND RETURN

CUSTOMER: \_\_\_\_\_

DEALER NUMBER: \_\_\_\_\_

CREDIT CARD INFORMATION

VISA / MASTERCARD

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS FOR CARD: \_\_\_\_\_

\_\_\_\_\_

I am hereby requesting permission to use this credit card as the method of payment on my account to Powersports Supply International.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_