

# DEALER APPLICATION



## DEALER DEVELOPMENT

**Please fax all the items below to 508-693-8735.**

Von Braun dealer program is for qualified, full-time retail establishments in a commercial location.

Submit application with below material.

1. Copy of your resale certificate.
2. Copy of your business license.

Please direct all electronic inquiries to info@VonBraunExhaust.com. Periodically, dealers may be asked to update their applications to continue in the dealer program.

Company Information:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ State \_\_\_\_\_  
Sales Tax Resale Number: \_\_\_\_\_

Website Address (Required) \_\_\_\_\_  
Year business established: \_\_\_\_\_ At present location since: \_\_\_\_\_

Ownership Information:

Type of ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_  
Owner: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ email address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_

Trade References: List 3 motorcycle industry companies that you do business with.

1. Name: \_\_\_\_\_ Account No: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

2. Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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3. Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Type of Business: Franchised New Motorcycle Dealer \_\_\_\_\_ Used Motorcycle Dealer \_\_\_\_\_  
Motorcycle Parts & Accessories Store \_\_\_\_\_ Motorcycle Repair Shop \_\_\_\_\_ Other: \_\_\_\_\_  
Brands carried: \_\_\_\_\_  
Store Hours, Days open: \_\_\_\_\_  
Parts Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about Von Braun Exhaust? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above information is true and accurate:

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Return Fax To:  
508-693-8735

Return email to:  
service@VonBraunExhaust.com

We look forward to working with you.

