



Dealer Application:

This is a one time dealer registration form. Once submitted, this form will be reviewed and we will verify your submitted information after which your application will be approved or denied.

Contact Information:

Company Name: _____

Date Established: _____ Business Type: Corp () Partnership () Proprietorship ()

Buyer's Name: _____

Owner's Name: _____
(If Different Than Buyer)

Contact Phone #: _____

Contact Fax #: _____

Contact E-mail: _____

Business Address: _____

Billing Address: _____
(If Different Than Buyer)

Resellers #: _____

Federal Tax ID #: _____



Are you listed in the Yellow Pages as a motorcycle related business? Y / N

Please attach a copy of the listing or wholesale invoices from three recognized motorcycle parts distributors clearly showing that you are receiving a discount. **This is non-negotiable!**

Do you have a service department capable of repairing motorcycles? **Y / N**

Preferred Payment Method: COD _____ Credit Card _____

Credit Card #: _____ - _____ - _____ - _____ Expiration Date: ____/____ Security Code #: _____
(Visa or Mastercard Only)

Card Holder's Name: _____

Card Holder's Address: _____

Card Holder's Signature: _____

Signature of Authorized Person: _____

Position: _____

I hereby state that all of the information given is true and accurate. I understand that Bikes 2 NV has the right to deny or cancel my application at any time for any reason, with or without notice.

X _____

(Applicant's Signature)

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