

KEYSTONE DISTRIBUTING

New Dealer Application

FOR OFFICE USE ONLY

Dealer # _____

Submitted by _____

Approved _____

Declined _____

Date _____

APPLICANT INFORMATION

Business Name _____ Date _____

DBA _____ Website _____

Billing Address _____
Street City State Zip

Shipping Address _____
Street City State Zip

Phone _____ Fax _____ Email _____

BUSINESS INFORMATION

Owner(s) Name _____

Phone _____ Cell _____ Email _____

Years In Business _____ Years At Present Location _____ Business Hours _____

Business Type: Sole Proprietorship Partnership Corporation Other

Contacts: Phone: Email:

Sales Contact _____

Purchasing Contact _____

Accounting Contact _____

TRADE REFERENCES

Please list three motorcycle companies with whom you do business on a regular basis

Name _____ Phone _____ Email _____

Address _____
Street City State Zip

Name _____ Phone _____ Email _____

Address _____
Street City State Zip

Name _____ Phone _____ Email _____

Address _____
Street City State Zip

REQUIRED DOCUMENTS

Please fill out all pertinent information below and provide photo copies of each item that is required in your state:

Resellers Permit # _____ Expiration Date _____
OR State Tax ID# _____ (If applicable in your state)

Federal Tax ID # _____ Expiration Date _____
(If applicable in your state)

Business License # _____ Expiration Date _____
(If applicable in your state)

Photographs of (please submit at least one (1) photo in each category):

Storefront on commercial property Store Sign Parts Counter Inside of store, including display area

If required photos are available on your website or Facebook, provide link here _____

ORDERING INFORMATION

Credit Card Method: (Provide credit card with your 1st order)

Visa Mastercard American Express Discover | Purchase Order Required: Yes No

Authorized Purchasers:

Any Employee Restrict ordering to the following employees _____

AUTHORIZED SIGNATURE

I hereby confirm that all information on both pages 1 and 2 is accurate and complete to the best of my knowledge.
I also understand that Keystone Distributing reserves the right to deny this application.

Owner / Authorized Signature

Print Name

Title

Date

Fax your completed application to:

OR you can scan and email to:

949.429.8000

newaccounts@keystonedistributing.com

Thank you for inquiring about becoming a Keystone Distributing dealer

