



Dealer Application

Company Name _____

Address _____

City _____ State _____ Zip _____

Business Phone# _____ Fax# _____

Website Address _____

Email Address _____

Years in Business _____ Years at Location _____

Owners Name _____

Are you a franchise dealership? _____

If yes, what brands? _____

Please list three motorcycle related distributors that you currently purchase from

1.) Name _____ Account# _____

2.) Name _____ Account# _____

3.) Name _____ Account# _____

Please fax back this dealer application along with a copy of a valid business license and resale certificate to 714-379-9042. All documentation must be returned for application approval.

Drive Systems USA Inc. 5953 Engineer Dr. Huntington Beach, CA 92649
Ph. 714-379-9040 Fax 714-379-9042 www.drivesystemsusa.com



