

RT BIKER, INC.

DEALER APPLICATION

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

E-MAIL ADDRESS: _____

Mailing Address, if different than above: _____

Type of Business: _____

Owner Name: _____

Sales Tax Exempt Number : _____ Number must be provided or we must charge tax on your purchase

Year Business Established: _____

Please Circle shipping preference: UPS or FEDEX

Please circle one of following. Is your company in a Commercial or Residential area?

EXISTING ACCOUNT SUPPLIERS

Name of Company: _____

Phone: () _____ FAX: () _____

Name of Company: _____

Phone: () _____ FAX: () _____

Name of Company: _____

Phone: () _____ FAX: () _____

AUTHORIZED SIGNERS SIGNATURE: _____

Printed Name: _____ Title: _____ Date: _____