



## DEALER APPLICATION

**1313 Schoolhouse Rd, Unit 5  
New Lenox, IL 60451**

**Phone: (815) 462-7777  
FAX: (708) 590-0822**

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

Business Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Business' Bank Name & Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Resale/License #: \_\_\_\_\_ Federal ID: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Building Size: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Must be a store front. Business ID required. Please fax a copy (ie. Business License, Federal ID, Resale Tax Certificate) to 708-590-0822.  
If you have any questions ask for Allison 815-462-7777



## DEALER CREDIT CARD AUTHORIZATION

Dealership Name/Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name on the Credit Card Account (Owner of the above Dealership) \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Visa\_\_\_\_ Master\_\_\_\_ AM. Express\_\_\_\_ Security Code \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Optional Second Card

Visa\_\_\_\_ Master\_\_\_\_ AM. Express\_\_\_\_ Security Code \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize The SportBike Shop, LLC to charge the above credit card(s) for purchases and shipments to the above dealer.

**PLEASE FILL IN ALL FIELDS, SIGN AND FAX BACK TO: 708-590-0822**