

THE BIKER'S OUTFITTER INC.

1039 BROADWAY REVERE, MA 02151

Phone (781) 289-6466 or Fax (781) 289-2347

E-Mail: info@bikersoutfitter.com

Dear Potential BIKER'S OUTFITTER Dealer,

Thank you for your interest in BIKER'S OUTFITTER. To become a dealer, you must mail in the following:

1. Proof of a bonafide motorcycle business operation in the form of a photocopy of your *business license or sales and use tax permit*.
2. Original *business card or letterhead*.
3. Original *photograph of your storefront and business sign with the company name visible* and *original photograph showing the interior of your business*.
4. Completed *dealer application*.

Please understand that all the above information must be received before the application can be approved. *A copy of the original photographs and card/letterhead can be faxed, we may request the original to sent by postal mail.* In order to leave ample processing time, please take this time factor into consideration when submitting your application, since dealer pricing cannot be granted prior to approval. Although this procedure may take a little time, we are confident that you, as a legitimate motorcycle business, will understand and appreciate our efforts to protect your interests.

All orders are shipped via UPS, unless they exceed the weight limit and require another form of transportation. **ALL ORDERS MUST BE PAID COD CERTIFIED BANK CHECK OR MONEY ORDER. SUBSEQUENT ORDERS MAY BE PAID BY COD COMPANY CHECK UPON COD CHECK APPLICATION APPROVAL.** Visa & MasterCard are accepted.

All accounts are reviewed annually and those found to be inactive (no purchase within one year) are removed from the system. It would then be necessary to complete the dealer application process again, to receive dealer prices.

Again, thank you. If you have any questions or need additional information please feel free to contact me. We are looking forward to doing business with you.

Sincerely,

Harry Darian
President
Biker's Outfitter

THE BIKER'S OUTFITTER INC.

1039 BROADWAY REVERE, MA 02151

Phone (781) 289-6466 or Fax (781) 289-2347

E-Mail: info@bikersoutfitter.com

Banking Information

Bank Name: _____ Account # _____

Address: _____ City: _____ State: _____ Zip _____

Bank Rep _____ Phone: _____

Type of Account: _____ Checking _____ Savings _____ Loans

This application has been completed to obtain credit. The above statement, on the reverse, and any attachment(s) are certified to be true and complete. Biker's Outfitter is hereby authorized to obtain information pertaining to this application from any source herein mentioned to otherwise obtained; check credit references including bank references; obtain credit reports from sources deemed necessary. Biker's Outfitter is further authorized to provide credit information about this transaction to others and to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application.

Applicant hereby authorizes Bank and Credit references herein mentioned or otherwise obtained to release credit information about applicant that may be requested by Biker's Outfitter.

It is agreed that Biker's Outfitter may provide single notice at the address listed in this application. It is further agreed that applicant will pay interest at the rate of 1.5% per month on all past due accounts and \$25.00 return check fee on each check returned to Biker's Outfitter.

Legal Business Name: _____

By: _____
Signature (Owner/Officer) Title Date

The undersigned jointly and severally if more than one, hereby unconditionally and absolutely guarantee to Biker's Outfitter the prompt and full payment and performance when due of all indebtedness and obligations whether arising by orders, over limit, returned checks, refused shipments, or in any other manner which _____ (business name) may now or at any time hereafter owe Biker's Outfitter, including without limitations interest and collection costs specified in any document evidencing securing or pertaining to any such indebtedness and obligations and for the purpose of securing payment of indebtedness now or hereafter owing from applicant to Biker's Outfitter, the applicant hereby grants a security interest to Biker's Outfitter in and to inventory of parts and equipment including but not limited to those parts and equipment received from Biker's Outfitter

Signature Title Date

Please enclose a copy of your business permit, resale permit, original business card, and/or letterhead, and an original photo of your shop. Thank You!

THE BIKERS OUTFITTER INC.

1039 BROADWAY REVERE, MA 02151

Phone (781) 289-6466 or Fax (781) 289-2347

E-Mail: Sales@BikersOutfitter.com

Dealer Application

Your application will not be considered if the following is not provided:

A copy of your business permit, resale permit, copy of telephone listing (or yellow page ad) and an original photo of your shop must be enclosed with application.

Company Name _____ Federal Tax ID _____

Legal Applicant _____ State Resale ID _____

Social Security # of Owner/Officer Applicant _____

Billing Address _____

City _____ State: _____ Zip Code _____ Phone _____

Contact _____ Fax _____

Shipping Address (if different) _____

Business Hours _____

Web URL _____ Email _____

Sole Proprietorship Corporation State of Corp

Partnership Corporation ID _____

NAME of Owners, Partners- Shareholders, Officers

Name	Title	Home Address	City/State/Zip Code	Phone#
1	_____	_____	_____	_____
2	_____	_____	_____	_____

Motorcycle Business Credit References

1. Name: _____ Dealer Acct # _____
Address: _____ City: _____ State: _____ Zip _____
Phone: _____ Pay Method Open C.O.D. Check C.O.D. Cash

2. Name: _____ Dealer Acct # _____
Address: _____ City: _____ State: _____ Zip _____
Phone: _____ Pay Method Open C.O.D. Check C.O.D. Cash

3. Name: _____ Dealer Acct # _____
Address: _____ City: _____ State: _____ Zip _____
Phone: _____ Pay Method Open C.O.D. Check C.O.D. Cash