

Dealership Application

PAYMENT TERMS:

PRO-TEC DOES NOT OFFER OPEN ACCOUNT TERMS. PAYMENT MUST BE MADE BY CREDIT CARD, WIRE TRANSFER, COMPANY CHECK OR CASHIERS CHECK/MONEY ORDER, ONLY.

We must receive all of the following from your company to qualify for dealer pricing —

- 1. A **COMPLETED** DEALER APPLICATION.
- 2. Copy of resale license.
- CALIFORNIA DEALERS MUST FILL OUT A RESALE TAX FORM OR SALES TAX WILL BE CHARGED UNTIL THE FORM IS RECEIVED.
- 4. A PHOTOGRAPH OF YOUR PLACE OF BUSINESS.
- A COPY OF YOUR BUSINESS CARD OR YOUR COMPANY'S YELLOW PAGE AD.

Legal Firm Name		Doing Business As		
Street Address		Business Phone		
City		Business Fax		
State Zip (Code	Country		
Company Web Site		e-mail		
Owner / Officer		Title		
PERSONAL CREDIT INFORMATION (OWN	ER / OFFICER)	BANK INFORMATION		
Name		Bank Name		
Home Address		Address		
City State Zip		City State Zip		
Phone		Phone		
Social Security Number		Checking Account Number		
Drivers License Number		Savings Account Number		
Have you ever filed for bankruptcy?	'es No			
Personal Business - Date Filed		Current Status		
INDUSTRY REFERENCES (Must be suppliers that are actively distributing watercraft /motorcycle/atv parts to your business)				
Name	Phone	Account Number		
Name	Phone	Account Number		
Name	Phone	Account Number		

PRO-TEC DEALERSHIP APPLICATION CONTINUED

BUSINESS DESCRIPTION		Are you a franchised dealer? Yes No
Sole Proprietorship		If yes, please list your franchised dealer number:
Partnership		Honda
Corporation		Kawasaki
Incorporated in the state of		Polaris
Length of time in business under nam	e above	Sea Doo
Length of time at business address al	novo.	Suzuki
Length of time at business address at	50ve	Yamaha
Number of branches managed by you	l .	Other
application, applicant certifies that all in release of credit and banking informatio must re-apply for dealership status.	formation provided on this on to Pro-Tec by the refere	ns as printed in the current Pro-Tec Price List. By signing this application is deemed true and correct. Applicant hereby authorizes the nces listed on this application. After 24 months of inactivity applicant
Furthermore, the undersigned		(print name) hereby guarantees the
full and immediate payment to Pr	o-Tec/Dallas Baker Pr	roducts of Santa Ana, Inc. all indebtedness hereafter
incurred by		(print company name) for purchase made or to be
made from Pro-Tec/Dallas Baker	Products of Santa Ar	na, Inc.
Owner / Officer		Date
Autho	rized Signature	
	For Pro-	-Tec Use Only
Approved By:	Date:	Dealer Number:
Contact Name:		Department:
COD Company Check: Credit Card:		Cashiers Chack Only