DEALER APPLICATION

BUSINESS INFORMATION

Legal Name:			
Business Name:			
Business Structure:	Corporation ◯	Partnership ◯	Sole Proprietorship ◯
Principal Owner(s) Name:			
Business Activities:	☐ Repair/Service Shop ☐ Performance Upgrades	☐ Retail Parts Sales ☐ Custom Builds	Other:
Do you have a retail area?	Yes ◯	No ◯	
Number of Years in Business:		Website:	
HST#		PST#	GST#

Address Information

Bill To:	Street Address:	Street Address 2:
	City:	Province/State:
	Postal/Zip:	Phone:
	Email:	
Ship To (if different from Bill To address):	Street Address:	Street Address 2:
	City:	Province/State:
	Postal/Zip:	Phone:
	Email:	

Business Contact Information *(if the Parts/Account Payable contact are the same person, please note that)*

Parts Contact:	Phone:	Email:
Parts Contact:	Phone:	Email:
Accounts Payable:	Phone:	Email:

INDUSTRY SUPPLIERS

Please provide information for two (2) of your current major suppliers:

1. Company Name:		Phone:
Contact Name:		Email:
2. Company Name:		Phone:
Contact Name:		Email:

PAYMENT TERMS are credit card only. All items must be paid in full before shipping.

By checking this box, I certify that the above information submitted on this form is true and correct, and I acknowledge the payment terms: ☐

Owner's Name: Date:

STAY CONNECTED

Follow us on social media to stay up to date and connected with our community!

Quinn Custom Motorcycles @quinncustoms

Or, share your social media handles with us below so we can add you and keep you up to date on new products, re-stocked items, and other motorcycle news.

ADDITIONAL INFORMATION

Please submit this application along with one of each photo:

1. Front of your business
2. Interior shop space
3. Retail space

You may submit this application via email to: info@qcmotorcycles.com We will contact you once we have processed your application.

For internal use only:	
Date Application Received:	Reviewed by:

Reset Form