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Dealer Application

Please complete this form and return it by fax to Rolling Thunder Mfg. You must include a copy of your business and resale license along with proof that you are a dealer shop (i.e. a yellow pages listing). This application must be filled out completely, please print or type clearly.

Date: _____

Shop Name: _____

Street Address: _____

City: _____ State / Province: _____

Zip / Postal Code : _____ Business Phone : _____

Cell Phone : _____ Fax : _____

Please check box if billing and shipping address are the same. If not, enter billing address below.

Street Address: _____

City: _____ State / Province: _____

Email (if available): _____

Website (if available): _____

IRS# / SSN#: _____

Shop Manager: _____

Accounts Manager: _____

Please list 2 Motorcycle Distributors with which you are currently doing business:

Name: _____ Dealer Account #: _____

Phone: _____ Account Type (Terms, COD, Cash): _____

Name: _____ Dealer Account #: _____

Phone: _____ Account Type (Terms, COD, Cash): _____

If you have any questions or require information please call or send an email to info@rollingthunderframes.com.