



Dealer Application

OUR WHOLESALE POLICY

Zipper's Performance Products can only supply parts at wholesale prices to bona-fide, full-time motorcycle shops. Our definition of full time: open at least five days per week, daytime hours, a store front (not a garage, basement or barn) that is in the business of repairing, machining and repairing motorcycles and parts. We understand that legitimate business owners pay rent, taxes, insurance, etc and must make profits to stay in business. Unfair competition from backyard operations or racers looking for a better deal makes this more difficult for these owners.

We require the information requested below to help us qualify your operation for dealer pricing. It is pretty standard stuff; most shops that have been around for a while have a package they use regularly for application use. Please do not be offended if you have been in business for twenty years and don't feel you need to qualify your shop with all this information. If all wholesalers went to this trouble there wouldn't be a problem with guys selling parts at cost from their garage, maybe just down the street from you!

Date _____ Your Contact at Zipper's (Who sent you this Application?) _____

Business Name _____ Business Phone _____ Fax _____

Shipping Address _____ City _____ State _____ Zip _____

Email Address _____ Website _____

Year Business Started _____ Daily Hours _____ Closed On _____ No. of Employees _____

Owners Name _____ Email Address _____ Phone _____

Owners Address _____ City _____ State _____ Zip _____

Type of Business Franchise Parts & Accessories Only With Repair/Services Dept Machine Shop Only

Parts Manager/Buyer _____ Service Contact _____

Dyno? Yes No Resale Tax ID _____ State _____ Federal Tax ID _____

CURRENT SUPPLIERS AND TERMS (MOTORCYCLE INDUSTRY ONLY)

Name _____ Account Number _____

Name _____ Account Number _____

Name _____ Account Number _____

REQUIRED DOCUMENTS

ALONG WITH THIS APPLICATION, WE REQUIRE THE FOLLOWING:

- A copy of your Business License stating the type of business you are licensed to operate.
- A copy of your Yellow Page ad or operator listing under motorcycles.
- A photo of your store front and signage, and photos of your store interior.

This information is required for the protection of our legitimate dealers.

Policy

Business Information

Documents



Sales & Tax Resale Certificate

This is to certify that all personal property and or taxable services purchased from:

Zipper's Cycle, Inc/Zipper's Performance Products

Are intended for resale as tangible personal property or for use or incorporation as a material or part of other tangible personal property to be produced for sale. This certificate shall be considered a part of each order, which I/We shall hereinafter place, provided such order contains our certificate number. This is to continue in force until revoked in writing.

Certificate No. _____ Date _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Signature _____

Title _____ Phone _____

Sales & Tax Resale



Credit Card Authorization Form

Zipper's accepts Visa, MasterCard and Discover

In order to process your credit card purchase, we must have certain information on file. Please complete this form and mail or fax it to us as soon as possible. The order will not be shipped until this information is received.

Type of Card VISA MasterCard Discover

Credit Card Number Expiration Date
(Enter Last 4 Digits of Credit Card)

On the back on the credit card in the signature block you will see three digits which is the credit card security number.

3 Digit Security Code

Name as it appears on Credit Card
(The name on the above credit card must match the name of the person authorizing charges.)

Credit Card Billing Address

I, authorize Zipper's Cycle, Inc./Zipper's Performance Product to charge the above stated credit card for my purchase(s) or purchase(s).
Name of Customer
(The name on the above credit card must match the name of the person authorizing charges.)

Cardholder agrees to pay for the above said purchase owed to Zipper's Cycle, Inc./Zipper's Performance Products by his personal/ company credit card. All charges are legal and shall not be revoked by the cardholder.

Signature Date

Print Name

Please fax this form along with copy of driver's license and a copy of front and back of credit card to (410) 579-2835.

Dealers: You are not permitted to use your customers credit card to make a purchases "For Any Reason" If we discover you have falsely presented a customer's credit card for your shop purchases your dealer status will be immediately revoked.

Credit Card Authorization Form

