



Dealer Application

Zipper's Information

Thank you for choosing Zipper's Performance Products as a supplier for your business needs. Since 1981, Zipper's has been known as an innovative company which developed performance skills through competitive racing. Ultimately Zipper's expanded into manufacturing, dedicated to making engine products for the V-Twin market.

Zipper's supplies our engine parts and machine services at wholesale prices to qualified motorcycle shops, dealers, engine machine shops and professional racers. Complete information below is required to qualify your business for dealer pricing.

The Zipper's team looks forward to being a performance partner with your company.

Business Information

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

Business Name _____ Business Phone _____ Email Address _____

Business Shipping Address _____ City _____ State _____ Zip _____

Website Address _____ Facebook Page _____

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

BUSINESS LESS THEN 2 YEARS PLEASE PROVIDE SUMMARY OF V-TWIN EXPERIENCE _____

Sales Tax Certificate of Exemption # _____ Expiration Date _____

State Issued Business/Traders License # _____ Federal Tax ID # _____

Type of Business	Franchise	Parts & Accessories Only	Repair/Services Department	Machine Shop Only	Dyno?	YES	NO
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Name of Owner of Business: _____ Owner's Email address: _____

Service Contact _____ Service Contact Email address: _____

Parts Manager /Buyers Name _____ Parts Manager/Buyers Name Email address: _____

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 Sales & Use Tax Exemption/Resale Certificate form.
- 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.

Documents



Zipper's Products you are interested in selling

Please list below Zipper's product numbers or services that you would like to order or you are interested in selling. Must be filled out and sent along with the dealer application. If you don't know the product or service numbers please give a brief description in the bottom box.

Business Name: _____ Business Main Phone #: _____

Business Email Address: _____

Year of M/C: _____ Model of M/C: _____

PO Number or Reference Customer's _____

Job name or shop supplies : _____

Qty	Part Number	Description	Price Each

Brief description of Zipper's Products and or Zipper's Services you are interested in selling to your customers:

Save & Email this Form to:

DealerInfo@ZippersPerformance.com

Zipper's Performance Products Initial Order Form

PLEASE NOTE: THIS FORM, SIGNED, OR A COPY OF YOUR STATE ISSUED SALES AND TAX USE EXEMPTION CERTIFICATE IS REQUIRED FOR ANY ITEMS PURCHASED FROM ZIPPER'S THAT YOU DO NOT WANT YOUR STATE SALES TAX CHARGED. ZIPPER'S IS REQUIRED TO COLLECT YOUR STATE SALES TAX UNLESS ZIPPER'S HAS YOUR CERTIFICATE ON FILE. FURTHER INSTRUCTIONS PLEASE CONTACT YOUR STATE REVENUE DEPARTMENT.

UNIFORM SALES & TAX EXEMPTION/RESALE CERTIFICATE - MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time. If your state is not listed below please contact your State for your Sales and Use Tax Exemption form/certificate.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller (California)

☐ Lessor (see notes on pages 2—4)

☐ Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁶	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,17}	
CT ⁵		NC ¹⁸	
FL ⁶		ND	
GA ⁷		OH ¹⁹	
HI ^{4,8}		OK ²⁰	
ID		PA ²¹	
IL ^{4,9}		RI ²²	
IA		SC	
KS		SD ²³	
KY ¹⁰		TN	
ME ¹¹		TX ²⁴	
MD ¹²		UT	
MI ¹³		VT	
MN ¹⁴		WA ²⁵	
		WI ²⁶	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____

Date: _____

FURTHER INSTRUCTIONS PLEASE CONTACT YOUR STATE REVENUE DEPARTMENT.