

Cycle Pirates Dealer Application

This application WILL NOT be approved without photocopies of your business license, state resale permit, and yellow pages telephone listing which must be under motorcycle sales, parts or service.

Legal Company Name: _____

DBA: _____

Business

Address: _____

City: _____ State: _____ Zip: _____

Contact Individual-Name: _____ Title: _____

Business Phone: () _____ FAX: () _____

E-Mail Address (please print clearly): _____

Website: _____

Type of Business: Dealership (please list Franchise(s) below) Parts/Service

Sole Proprietorship Partnership S Corporation Other: _____

Federal ID Number: _____ Years In Business: _____ State Incorporated In: _____

Principal(s)-Name(s): _____ Contact Information: _____

Name(s): _____ Contact Information: _____

Name(s): _____ Contact Information: _____

Please Provide Three (3) Trade References:

Company: _____ Contact: _____

Company: _____ Contact: _____

Company: _____ Contact: _____

Payment Method: VISA MasterCard Expiration Date: _____

Account Number: _____

Security Code: _____ Name on Card: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Please fill out completely and E-mail or Fax back to :

Cycle Pirates

E-mail : sales@cyclepirates.com or FAX (858)693-3630

8680 Miralani Dr #106 San Diego CA 92126

Phone (858)-693-3936 FAX (858)-693-3630 www.cyclepirates.com