



Insane Chains

Dealer Application

GENERAL INFORMATION

Business Trade Name (DBA)

Business Legal Name (as it appears on business license)

Business Street Address (Street, City, State and Zip Code)

Business Phone

Fax Number

Email address

Billing Address (if different (Street, City, State and Zip Code)

Shipping Address (if different - Street, City, State and Zip Code)

Officer/Owner Name

Title

Officer/Owner Name

Title

Web address

DESCRIPTION OF BUSINESS

This company is a (Check one) Sole Proprietorship Partnership Corporation

Are You a franchise dealer for a major manufacturer? Yes No

If so, what manufacturers -Yamaha -Honda -Kawasaki -Suzuki -Harley
 -Other

Incorporated in the State of :

Length of time operating under the above name:

Length of time at the above address:

Number of Branches/outlets operated/managed by you:

INDUSTRY REFERENCES

(Must be suppliers that are actively distributing related industry parts to your business in the past 12 months; preferably in the U.S.A.)

<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>
Business Name, Address, City, State, Zip	Phone #	Fax #

<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>	<input style="width: 95%; height: 95%;" type="text"/>
Business Name, Address, City, State, Zip	Phone #	Fax #

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Business Name, Address, City, State, Zip	Phone #	Fax #

TAX EXEMPTION INFORMATION (FLORIDA DEALERS ONLY)

COPY OF CERTIFICATE MUST BE FAXED TO (866) 663-7640

Exemption Claimed (MUST select one)

Resale Federal Government Exempt Organization State and Local Government Other

Product or Service Rendered:

Certificate ID Number:

Name and Title of Applicant:

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Upon acceptance Insane Chains will supply a dealer access code for
InsaneChains.com

Brief Business Description

Please give a brief description on your specialty:

(Example: custom builder, mainly service, parts only, etc.)
