



FLY RACING/ WESTERN POWER SPORTS

603 E GOWEN RD, BOISE, ID 83716
PHONE: (208) 376-8400 FAX (208) 375-8901

Dear Prospective Dealer,

We appreciate your interest in Fly Racing/Western Power Sports. We feel we have the finest quality and selection of products and the best shipping service available.

Fly Racing/Western Power Sports is a wholesale distributor that sells only to approved retailers who are doing business as:

1. A franchised Bicycle dealer;
2. A retail store having a reasonable inventory of parts.
3. Or a full time Bicycle repair shop.

A repair shop must have a retail display area for accessories in order to buy products other than repair parts.

To protect our WPS Dealers, it is necessary that we carefully screen each new application before approval can be made. In order to expedite your application, please fill out the enclosed form completely and include requested photographs. Incomplete applications will be rejected. Remember this information helps us make sure that we are not selling to someone who is really your retail customer.

You can fax this information to us at 208-375-8901 or email it to rhudson@flyracing.com.

Sincerely,
Bicycle Sales Department
Fly Racing/ Western Power Sports



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Dear Prospective Dealer:

For your convenience we have made a checklist of information that will help assist in getting your application approved.

- Photographs of your storefront and the inside of your store, including display area for accessory items.
- Copy of business license or DBA certificate
- Copy of state sales tax resale permit
- Copy of invoices from other distributors in our industry

Notes: _____

If you have any questions in regards to our application, please contact the new accounts department at (208)376-8400 or Ray Hudson at 1-877-349-2946.

Sincerely,

Bicycle Sales Department
Fly Racing/Western Power Sports



WESTERN POWER SPORTS, INC

603 E Gowen Rd ♦ Boise, ID 83716 ♦ Phone (208) 376-8400 ♦ Fax (208) 375-8901

Date _____

Business Name _____

(DBA) _____

Physical Address: _____

Mailing Address: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone – Office () _____ FAX () _____ Shop () _____

Store Web Site _____ Email _____

Parts Manager _____ Persons Allowed to Purchase _____

Business License # _____ Sales Tax # _____

OWNERSHIP INFORMATION

Single Name _____ Name _____

Partner Address _____ Address _____

Corp City _____ ST _____ Zip _____ City _____ ST _____ ZIP _____

Home Phone () _____ Home Phone () _____

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TYPE OF BUSINESS

FULL LINE REPAIR ONLY

AUTHORIZED DEALER

Full Time BMX
Part Time MTB
Seasonal Other

Trek GT
Specialized Schwinn
Giant Intense
Redline Diamond Back
Haro Other

If Other please explain _____

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DOLLAR AMOUNT IN AFTERMARKET SALES

\$ 0 – 25,000 _____ \$25, - 50,000 _____ \$50,000 – Over _____

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DISTRIBUTORS YOU PURCHASE FROM NOW

I hereby confirm that all above information is correct and all information is complete and enclosed.

Signature _____ Print Name _____ Date _____