



**WESTERN POWER SPORTS
HEADQUARTERS
601 E GOWEN RD., BOISE, ID 83716
PHONE: 208-376-8400 FAX: 208-375-8901
WAREHOUSES ALSO IN:
CALIFORNIA, INDIANA, PENNSYLVANIA, TENNESSEE**

Dear Prospective Dealer,

We appreciate your interest in Western Power Sports. We feel we have the finest quality and selection of products, along with the best shipping service available to meet your business needs.

We are a wholesale distributor that sells only to approved retailers. To protect our WPS dealers, it is necessary to carefully screen each new application before an approval can be made. In order to expedite your application, please fill out the following application form completely and include all requested documentation. 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.

For your convenience we have made a checklist of information to assist us in getting your application processed.

- Photographs of your storefront on commercial property, store sign, parts counter, 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
- A copy of recent appropriate advertising in local media, including dates published
- Copy of invoices from 3 distributors in our industry

Upon completion of our application you may fax this information to us at 1-800-326-3813 or email it to newaccounts@wps-inc.com. If you fax or email the information to us, please make sure that you mail the original copy of the application within 10 days. We must have the original signed copy of the application for our files.

Sincerely,

New Accounts Department
Western Power Sports



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Account # _____
Submitted By Salesman # _____
Salesman gave Catalogs: Yes _____ No _____

DEALER APPLICATION

DATE _____ BUSINESS NAME _____

DBA _____

E-Mail _____

Website _____

SHIPPING ADDRESS:

MAILING ADDRESS:

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone (Shop) # _____ Fax # _____

Office # _____

BUSINESS INFORMATION:

Owner(s) Name _____

Owner(s) Name _____

Home Phone # _____

Cell Phone # _____

Parts Manager _____

Business License # _____ State Tax # _____

Years in Business _____ Store Hours _____

Payment Method: Credit Card _____ C.O.D. _____ Purchase Order # Required: Yes _____ No _____
 (Net 30 day terms available with approved Credit Application)

Special Account Information _____

Business Type: Sole Proprietorship _____ Partnership _____ Corporation _____

Annual Aftermarket Sales: _____ New, \$0.00 - \$25,000 _____ \$25,000 - \$75,000 _____ \$75,000 - \$200,000 _____ \$200,000 plus

Business Description: Full Line _____ Repair Only _____ M/C _____ ATV _____ W/C _____ S/M _____

Franchise w/Franchise #'s

Artco # _____ Bombardier # _____ Har/Dav # _____ Honda # _____
 Kawasaki # _____ KTM # _____ Kymco # _____ Polaris # _____
 Suzuki # _____ Yamaha # _____ Other # _____

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

Signature _____ Print Name _____

Title _____ Date _____