

DATE.....

DEALER APPLICATION

COMPANY NAME:.....

TYPE OF BUSINESS: SOLE PROP C.C. PTY OTHER.....

DATE ESTABLISHED:..... EMAIL:.....

TELEPHONE : (CODE.....)..... FAX: (CODE.....).....

V.A.T No.....

STREET ADDRESS.....

POSTAL ADDRESS.....

OWNERS / PARTNERS / MEMBERS DETAILS

SURNAME FIRST NAMES

1.....

2.....

3.....

NAME OF BANK..... BRANCH.....

ACCOUNT No.....

TRADE REFERENCES

COMPANY NAME

1..... TEL (CODE.....).....

2..... TEL (CODE.....).....

3..... TEL (CODE.....).....

ARE YOU AN AUTHORISED FACTORY DEALER? YES NO

IF YOU ARE AN AUTHORISED FACTORY DEALER WHAT BRANDS DO YOU CARRY?

IF YOU ARE NOT AN AUTHORISED FACTORY DEALER WHAT IS THE NATURE OF YOUR MOTORCYCLE / POWERSPORT BUSINESS?

STANDARD CONDITIONS

ALL GOODS REMAIN THE PROPERTY OF MOTO-WARD UNTIL PAID FOR IN FULL.

I,.....THE UNDERSIGNED, ON BEHALF OF

AND DULY AUTHORISED, ACKNOWLEDGE THE ABOVE CONDITIONS ARE FULLY UNDERSTOOD BY ME. I WARRANT THE INFORMATION SUPPLIED ON THIS FORM IS TRUE.

SIGNATURE OF APPLICANT.....CAPACITY.....

SIGNATURE OF WITNESS.....DATE.....

(for MOTO-WARD office use only)

VERIFIED BYDATE.....APPROVED BY.....DATE.....