



# ***STREET & COMPETITION***

1173 Hoosick Rd Troy, NY 12180 518-279-4598 Fax 518-279-4599

## **DEALER APPLICATION**

FAX 518-279-4599

Thank you for considering Street & Competition for your road racing and sport bike needs. Please print clearly and legibly.

Our products are sold at wholesale prices to legitimate motorcycle dealerships and accessory dealers only. To protect our stocking dealers we do not sell to the "backyard shop" that exists only to purchase accessories for personal use. To adhere to our policies, it is necessary that we receive the following items to process your application.

Checklist:

- A **completed** Street & Competition dealer application
- Copy of your business card and advertisement in the yellow pages or other industry magazine.
- The New York State Resale Certificate (ST-120) completely filled out. New York business complete parts 1 and 3, companies doing business outside of NY must complete parts 2 and 3. All applicants must fill out the top portion.

You may fax the above information to expedite your initial order and approval, **but the originals must arrive within 10 days of the fax date via USPS** to continue your dealer status with our company.

Please note:

- Upon approval, you will be issued a Street & Competition dealer number.
- A catalog and price list with terms and conditions will be sent
- **Your initial order must be at least \$100.00**
- In order to maintain a dealer account, you must purchase \$300.00 or more annually
- **All orders will be shipped COD Money Order, or prepaid with a credit card**

As you complete our application, please bear in mind that these policies were created to offer the best protection for our existing dealers. Once approved, these same policies will be in effect for *your* protection. If you have any questions concerning the application, please feel free to call between 9:00am and 5:00pm EST.

Again, thank you for your interest in Street & Competition.



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## Dealer Application

Please contact us at (518) 279-4595 for assistance. Please print clearly.

### General Information

Business Name: \_\_\_\_\_ Shop Hours: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Days: M T W T F S S

Billing Address: \_\_\_\_\_ Circle above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Country \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Web Site: \_\_\_\_\_

Federal ID # \_\_\_\_\_ State Tax Resale # \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Sales Contact: \_\_\_\_\_

Acct Payables Contact: \_\_\_\_\_

All dealers must return a completed resale certificate (NYS form # ST120) with this application.

Check all appropriate to your Business:  Franchised Dealer  Motorcycle  ATV  
 Watercraft  Accessories  Other: \_\_\_\_\_

Please list all other Franchise Names and Locations: \_\_\_\_\_

Years in business? \_\_\_\_\_ Years at this location? \_\_\_\_\_

Please check one:  Corporation  LLC  Partnership  Sole Proprietorship

### Owner Information:

Owner Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Please supply at least three companies you have done business with the past 2 years.

Company Name \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Please fax this completed application with a copy of your tax exemption certificate and NYS form ST120 to 518-279-4599.  
You must include a copy of your business card and yellow pages ad for your dealership.

Office use only: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Dealer #: \_\_\_\_\_