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DEALER APPLICATION

Legal Company Name _____ Date _____
Doing Business As (D.B.A.) _____
Street Address _____
City _____ State _____ Zip _____
Store Phone Number : _____ Fax Number : _____
Email Address _____
Website Address _____
Billing Address, if different _____
Federal ID# _____ Resale # _____

Type of ownership (check one): Individual Partnership Corporation LLC

Name of ... Owner Partner Officer _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____
Social Security # _____ Driver's License # _____

Name of ... Owner Partner Officer _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____
Social Security # _____ Driver's License # _____

Written change of Name & Ownership is required.

DEALER APPLICATION (Continued)

Store Manager _____ Accessory Manager _____

Parts Manager _____ Bookkeeper _____

Description/Type of Business:

Motorcycle: V-twin Metric ATV Snowmobile

Accessory Store Repair Shop Exporter Other - Explain : _____

Franchise dealer for: Harley-Davidson Honda Kawasaki Suzuki Yamaha

BMW Ducati Arctic Cat Polaris Other _____

Store Hours: Monday to Friday _____ to _____ Saturday _____ to _____

Date Business Started _____

Is a purchase order required with each order? Yes No

Do you sell mail order or via the internet? Yes No

Requested Method of Payment:

COD/Company Check

Credit Card

1. Company Name _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

2. Company Name _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

3. Company Name _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

4. Company Name _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

I hereby affirm that all of the above information is correct

Signature: _____ Date: _____

Print Name: _____