



For Office Use Only			
Stage	Complete	Date	Rep.
Approval	<input type="checkbox"/>	___/___/___	___
Conf.	<input type="checkbox"/>	___/___/___	___
System	<input type="checkbox"/>	___/___/___	___
Web	<input type="checkbox"/>	___/___/___	___
DLR. Pkg.	<input type="checkbox"/>	___/___/___	___

SPIEGLER PERFORMANCE PARTS • 1699 Thomas Paine Pkwy • Dayton, Ohio 45459
 Phone 937 291 1735 • Fax 937 291 2368 • email: sales@spieglerusa.com

DEALER APPLICATION

Please print or Type all information. Applications will not be accepted if unreadable.

Name of Dealership (DBA) _____

Corporation Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Parts Manager _____ **Owner** _____

Web Page _____ **E-mail** _____

What Motorcycle lines do you carry?

- | | | | |
|-----------------|--------------------------|---------|--------------------------|
| Honda | <input type="checkbox"/> | Suzuki | <input type="checkbox"/> |
| Kawasaki | <input type="checkbox"/> | Yamaha | <input type="checkbox"/> |
| Harley Davidson | <input type="checkbox"/> | BMW | <input type="checkbox"/> |
| Ducati | <input type="checkbox"/> | Triumph | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | _____ | |

State Resale # _____

What aftermarket Distributors are you buying from?

1. _____
2. _____
3. _____
4. _____

How long have you been in business as a Motorcycle/Accessory shop ? _____ **years.**

For Net 15/30 applications we will require additional banking information and credit references, please contact a Spiegler representative.

Note: Final approval of this application cannot be given unless this form is filled out completely and accompanied by listing of shop in phone directory, photocopies of company checks, and state resale license.

I declare that the statements above are true and I authorize Spiegler Performance Parts to check my credit references (necessary for Net 15/30 terms).

(Must be signed by Owner or General Manager of shop)

Owner / GM _____ **Signature** _____ **Printed Name** _____ **Date** _____

Manager _____ **Signature** _____ **Printed Name** _____ **Date** _____

After final approval we will send you the dealer package including dealer catalog and promotion material. If you have any questions feel free to call us.

Thank you, your Spiegler sales team.