



**Phone:** +1 855 965-8800  
**Fax:** 469-405-3000  
**Email:** info@1120distributing.com

Greetings!

Thank you for your interest in becoming one of our Dealers. We are the industry's leading after-market accessory distributor. We sell directly to Dealers, not to consumers or sub-distributors. We reserve the right to accept or deny any Dealer application. We believe that we have a lot to offer you, including:

- Easy to use Dealer portal for your orders
- 2 state of the art U.S. distribution centers.
- Over 100,000 items available.
- Experienced & professional Sales Reps.
- Monthly Specials and Dealer Programs.
- New Quality products and selling tools to increase your sales.

**Our minimum Dealer requirements include, but are not limited to, the following:**

- A retail store that is located in a commercial location with acceptable commercial signage, serving as your primary business in the motorcycle, automotive atv or RV market.
- A maintained retail display area for Powersports parts and accessories.
- Regular posted business hours.
- Minimum Initial Order required.
- Minimum Annual Purchases required.

**To assist us in processing your application, the following items are required via fax, email or mail:**

- 1) Your completed **Dealer Application** (7 pages) and also the following items:
  - a) Copy of your **State Tax Resale Certificate** (if applicable).
  - b) Copy of your **Business License** (if applicable).
- 2) **Photos of your Dealership**, inside and outside, including display/service area.
  - a) Photos must be mailed or emailed to Dealer Development at: [sales@1120distributing.com](mailto:sales@1120distributing.com).

Thank you for your interest. We look forward to receiving your completed application and additional documents. If you have any questions, please call Dealer Applications at 855-965-8800.



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## DEALER APPLICATION

Legal Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Doing Business As (D/B/A) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Store Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Website Address** \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

**Federal Employee Id #** \_\_\_\_\_ **Zoning** \_\_\_\_\_

Primary Business is in the Motorcycle, ATV, Watercraft or Snowmobile markets:  Yes  No

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

Name of:  Owner  Partner  Officer: \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Personal Email: \_\_\_\_\_

Name of:  Owner  Partner  Officer: \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Personal Email: \_\_\_\_\_

***Written confirmation of Name & Ownership change is required. (MUST INCLUDE PHOTOS)***

### OFFICE USE

Dealer # \_\_\_\_\_

Rep # \_\_\_\_\_

TCOF \_\_\_\_\_

BROF \_\_\_\_\_

FBCF \_\_\_\_\_

CAOF \_\_\_\_\_

APOF \_\_\_\_\_

POF \_\_\_\_\_



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## DEALER APPLICATION (Continued)

Store Manager \_\_\_\_\_ Accessory Manager \_\_\_\_\_  
Parts Manager \_\_\_\_\_ Bookkeeper \_\_\_\_\_

### Description/Type of Primary Business: (select all that apply)

Motorcycle: \_\_\_\_ % of V- \_\_\_\_ % of Metric  Accessory Store  Repair Shop  Internet  ATV   
twin  Street  Off-Road  Snowmobile  Watercraft

Other - Explain: \_\_\_\_\_

Franchise dealer for:  Harley-Davidson®  Honda  Kawasaki  Suzuki  Yamaha  
 BMW  Ducati  Sea-Doo  Arctic Cat  Ski-Doo  Polaris Other: \_\_\_\_\_

Store Hours: Monday to Friday \_\_\_\_\_ to \_\_\_\_\_ Sat/Sun \_\_\_\_\_ to \_\_\_\_\_

Current Owner Start Date \_\_\_\_\_

Approximate current inventory value? \_\_\_\_\_

Approximate building/warehouse sq. ft. \_\_\_\_\_

### Requested Method of Payment:

- Credit Card (DO NOT provide Credit Card data on this Form)  
 COD/Company Check (Page 4 Required, BANK RELEASE Form)  
 Open Account (Separate 3-Page CREDIT APPLICATION Required)

The undersigned is responsible for any not sufficient funds charges and any other charges relating to product received and not paid for along with costs of collection.

### Trade Suppliers: (Powersports Related Only - leave blank if Brand New Business)

1. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
2. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
3. Company Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I hereby affirm that all of the above information is true and correct and that I have received copies of the Advertising and Sub-Distribution Policies.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_



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*To comply with the majority of state and local sales tax requirements, 1 Corporation must have in its files a properly executed exemption certificate from all of its customers who claim a sales tax exemption. If we do not have this certificate, we are obliged to collect the tax for the state in which the property is delivered.*

## RESALE CERTIFICATE

The undersigned Purchaser certifies that it is a regularly licensed retailer, registered under the laws of the state as indicated below. All parts and accessories (including motorcycle, ATV, snowmobile, and/or watercraft) and other tangible personal property purchased from 1120distributing Corporation and/or any of its divisions, including:

### 1120 DISTRIBUTING

Are being purchased for resale in the regular course of business and are exempt from applicable state sales and use tax.

Purchaser understands and agrees that if any property purchased tax-free under this certificate is used or consumed in any manner which would not exempt this sale from tax under this blanket resale certificate, the Purchaser assumes all liability to pay the proper sales/use tax, including any interest and penalty due thereon, to the proper taxing authority.

This blanket certificate shall be considered a part of each order given to 1120distributing Corporation and/or its divisions, unless the order otherwise specifies, and shall be effective until cancelled in writing.

This certificate is valid only for shipments delivered into the state of registration as identified below.

***Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.***

Legal Firm Name \_\_\_\_\_

D/B/A (if any) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Seller's Permit/ Registration # \_\_\_\_\_ State of Registration \_\_\_\_\_  
(State Resale Tax #)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Printed Name \_\_\_\_\_ Title \_\_\_\_\_



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## BANK RELEASE

To Whom It May Concern:

In Consideration of our Application with 1120distributing Corporation and/or its subsidiaries,

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Company Name)

hereby authorize \_\_\_\_\_ to release  
(Bank Name)  
information regarding our checking account status.

Bank Acct# \_\_\_\_\_ Bank Ph# (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Bank Fax # (\_\_\_\_\_) \_\_\_\_\_

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

Your cooperation in providing any information requested by 1120distributing Corporation will be greatly appreciated.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Handwritten Signature Required*