



1810 Ford Blvd, Chateauguay, QC, J6J 4Z2, Canada  
[www.rollingthunderframes.com](http://www.rollingthunderframes.com)

Tel: 450.699.7045, Fax: 450.699.6974

## Dealer Application

Please complete this form and return it by fax to Rolling Thunder Mfg. You must include a copy of your business and resale license along with proof that you are a dealer shop (i.e. a yellow pages listing). This application must be filled out completely, please print or type clearly.

Date: \_\_\_\_\_

Shop Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Zip / Postal Code : \_\_\_\_\_ Business Phone : \_\_\_\_\_

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

Please check box if billing and shipping address are the same. If not, enter billing address below.

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

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Website (if available): \_\_\_\_\_

IRS# / SSN#: \_\_\_\_\_

Shop Manager: \_\_\_\_\_

Accounts Manager: \_\_\_\_\_

Please list 2 Motorcycle Distributors with which you are currently doing business:

Name: \_\_\_\_\_ Dealer Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Account Type (Terms, COD, Cash): \_\_\_\_\_

Name: \_\_\_\_\_ Dealer Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Account Type (Terms, COD, Cash): \_\_\_\_\_

If you have any questions or require information please call or send an email to [dealerinfo@rollingthunderframes.com](mailto:dealerinfo@rollingthunderframes.com).