



Different By DESIGN™

273 North Pike Road, Sarver, PA 16055-9209

tel: 877.666.2374. fax: 724.295.2156

www.obergsports.com

DEALER APPLICATION FORM



Dealer Profile & Application

Address Information:

Company Name _____ (Please Print or Type)

Address _____

City _____ State _____ Zip _____

Country _____ Phone _____ Fax _____

Website _____ E-mail _____

Parent Company _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone _____ Fax _____

Website _____ E-mail _____

Company President _____ Vice President _____

Parts Manager _____ Store Manager _____

Purchasing Agent _____ Accounting Manager _____

State License Number _____ State Tax Number _____

Type of Organization:

Limited Liability Company Partnership Sole Proprietorship Corporation

Number of years established _____

Are you an Authorized Factory Dealer? YES NO

If you *are* an Authorized Factory Dealer, what brands do you carry?

If you *are not* an Authorized Factory Dealer, what is the nature of your motorcycle business?



Summary:

You heard of Oberg Sports through: _____

You are interested in representing Oberg Sports because:

Name of Company

By: _____ Date _____
President, Owner, or Partner

By: _____ Date _____
Other Partner (if applicable)

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OBERG SPORTS' INVOICES IN ACCORDANCE WITH THE TERMS OF NET 30 DAYS FROM THE INVOICE DATE.

We at Oberg Sports sincerely appreciate your interest in becoming an Authorized Dealer.



Application for Credit

Please answer all questions. Leave no line blank.

Company's Full Legal Name

Street Address

City State Zip

Country

Billing Address, if different than above

() _____
Business Telephone Number

President, Partner, or Owner

Oberg Sports Terms are net 30 days from the date of the invoice. An interest charge of 1% per month will be added to outstanding balances past the normal credit terms. Do you agree to these terms? (Circle one)

Controller

Yes No

Accounts Payable Officer, if different than above

Principal Bank: _____
Bank Name

Address

City State Zip

Telephone

Account Number Key Person to Contact



Application for Credit



Duns Number: _____ Number of years in business under
your company's current legal name _____

Trade Reference: _____

Company Name

Address

City State Zip

Telephone

Trade Reference: _____

Company Name

Address

City State Zip

Telephone

Trade Reference: _____

Company Name

Address

City State Zip

Telephone

NOTE: Please return this completed form with a current and dated Financial Statement.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THIS FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. ADDITIONALLY, THIS ENDORSEMENT STATES THAT THE OBERG SPORTS' DEALER POLICIES HAVE BEEN RECEIVED, READ, AGREED TO AND FULLY UNDERSTOOD.

Name of Company

By: _____ Date

President, Owner, or Partner

By: _____ Date

Other Partner (if applicable)