



MOTORCYCLE TIRE COMPANY, INC DEALER APPLICATION

Type of Account you are requesting: <input type="checkbox"/> OPEN <input type="checkbox"/> COD			
<input type="checkbox"/> CREDIT CARD # _____ EXP. _____ V-Code _____			
Business Information			
Full Business Name:			
Business Structure:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
Billing Address	City	State	Zip
Shipping Address	City	State	Zip
Telephone ()	Fax ()		
E-mail:			
Years in Business:			
Name of Principal Owner and Title:			
Accounts Payable Contact:		Parts Manager:	
Federal Identification #:		State Sales Tax #:	

Please type or print legibly.

Bank Reference	
Bank Name:	Account Number:
Address:	Phone:
Trade (Credit) References	
Name: Address: City, State, Zip:	Phone: Fax (Required): ACCOUNT #
Name: Address: City, State, Zip:	Phone: Fax (Required): ACCOUNT #
Name: Address: City, State, Zip:	Phone: Fax (Required): ACCOUNT #

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