

**DEALER APPLICATION – DOHERTY MACHINE**

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Legal Firm Name			
Doing Business As			
Date Business Started			
Street Address			
City:	County:	State:	Zip
Store Phone #		Store FAX #:	
Email address			
Property Zone <b>(Check One)</b> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/>		Type of Ownership <b>(Check One)</b> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
Name of <b>(Check One)</b> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Street Address			
City:	County:	State:	Zip
Name of <b>(Check One)</b> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/>			
Street Address			
City:	County:	State:	Zip
Please check any of the following companies that you currently do business with:			
<input type="checkbox"/> Drag Specialties: Active Account #:			
<input type="checkbox"/> Global Motorsports (Custom Chrome): Active Account #:			
<input type="checkbox"/> Tucker Rocky (Bikers Choice): Active Account #:			
<input type="checkbox"/> Midwest Motorcycle Supply: Active Account #:			
State Resale #:			
State Tax ID Number:			
<b>(PLEASE ATTACH A COPY OF TAX ID CERTIFICATE OR RESALE LICENSE)</b>			
Type of Business: <input type="checkbox"/> Franchise <input type="checkbox"/> Repair Shop <input type="checkbox"/> Accessory Store <input type="checkbox"/> Used Equip <input type="checkbox"/> Other			
DATE:	SIGNATURE:		PRINT NAME: