

OFFICE USE ONLY				
Dealer Name:				
MasterTune Website:	YES 🗆	NO 🗆		
MSRP: □				

DEALER APPLICATIONTHIS IS NOT A CREDIT APPLICATION

BUSINESS INFORMATION
LEGAL BUSINESS NAME:
D.B.A.:
STREET ADDRESS:
CITY: COUNTRY: STATE: ZIP/POSTAL CODE:
PHONE: FAX: EMAIL:
WEBSITE:
BUSINESS HOURS:
TYPE OF OWNERSHIP (CHECK ONE): PARTNERSHIP CORPORATION INDIVIDUAL OTHER
NAME OF OWNERS/PARTNERS:
FEDERAL TAX (EIN) #: STATE TAX (RESALE) #:
YEARS IN BUSINESS: YEARS AT CURRENT LOCATION:
CONTACT INFORMATION
ACCOUNTS PAYABLE CONTACT:
PHONE: FAX: EMAIL:
PERSON(S) AUTHORIZED TO PLACE ORDERS:
TITLE/POSITION:
PHONE: FAX: EMAIL:
NUCLATEGE DESCRIPTION (CHECK ALL THAT ADDIV)
BUSINESS DESCRIPTION (CHECK ALL THAT APPLY)
FRANCHISE DEALER FRANCHISE: FRANCHISE #:
☐ ACCESSORY/RETAIL STORE
☐ REPAIR ☐ SERVICE INCLUDING TUNING
☐ IN-HOUSE DYNO MAKE & MODEL OF DYNO:
PERCENTAGE OF BUSINESS: HARLEY-DAVIDSON % POLARIS/INDIAN % OTHER %
As part of your dealer agreement, you agree not to advertise the TTS product line for less than MSRP. Approved dealers will receive the MSRP policy to read, complete, sign and return before final approval is given. In addition, TTS dealers are not allowed to sell TTS
products on Craigslist, eBay, or any other bidding type internet site.
OWNER'S SIGNATURE: DATE:



DEALER APPLICATION (continued)

TRADE REFERENCES: To protect our dealers from abuse by those posing as motorcycle industry businesses, we only do business with legitimate motorcycle shops that have a place of business outside of the home, business telephone, current tax certificates, and business license where applicable. You must list 3 trade references in the motorcycle industry that you do business with. By submitting this dealer application, you are authorizing us to inquire as to the business relationship between your business and the references you list.

REF. 1: NAME OF COMPANY:			Con	itact:	
STREET ADDRESS:					
				ZIP/POSTAL CODE:	
PHONE:	FAX:	EMAIL: _			
REF. 2: NAME OF COMPANY:				Contact:	
STREET ADDRESS:					
				ZIP/POSTAL CODE:	
PHONE:	FAX:	EMAIL: _			
REF. 3: NAME OF COMPANY:			Con	Contact:	
STREET ADDRESS:					
CITY:		COUNTRY:	STATE:	ZIP/POSTAL CODE:	
PHONE:	FAX:	EMAIL: _			
PLEASE COMPLETE AND SIG	GN BELOW				
I,		of	NAM	har to a company/pushings	
read and agree to the above condit				E OF COMPAN I/BUSINESS	
SIGNATURE:				DATE:	
				ication to T.T.S. Inc.)	
REQUIRED DOCUMENTS (Su		_			
	-	•		er; or a valid website with photos	
Relevant advertising in local r	-			it relevant advertisement	
A current copy of your busine		the City or State that you	do business in		
☐ A copy of business card or let☐ CA businesses must provide a		Dagala Cartificata			
CA businesses must provide a	CA Dialiket	Resale Certificate			
OFFICE USE ONLY					
Date: Approve	d:	Declined:	Review date:	Initial:	