

Tailgunner® Exhaust

Dealer Development
P.O. Box 1265, West Tisbury, MA 02575
www.tailgunnerexhaust.com
Phone: 508-693-1944 Fax: 508-693-8735



DEALER APPLICATION

Tailgunner® Exhaust dealer program is for qualified full time retail establishments in a commercial location. We require certain information about your business to verify that the information provided is correct. Please fax all the items below to 508-693-8735

1. Completed Dealer Application,
2. Copy of your resale certificate, and pdf
3. Copy of your business license.

We also need pictures of your business. Please email photos of your store front - outside picture(s) showing your store sign and opening hours, and inside picture(s) – to charlie@tailgunnerexhaust.com. **Or give us your web address.**

Any incomplete information or missing items will delay review of your application. Please direct all inquiries to Charlie@tailgunnerexhaust.com. Periodically dealers will be asked to update their applications to continue in the dealer program. Tailgunner® Exhaust, reserves the right to update the dealer program and require re-application and qualification at any time.

Company Information:

Company Name: _____ Contact Name: _____

Phone: _____ Fax: _____ Contact Position/Title:

Address: _____

City: _____ State: ___ Zip: _____ Country:

State Sales Tax Resale Number: _____

Website: _____

Year business established: _____ At present location since: _____

Ownership Information:

Type of ownership: __Corporation __Partnership __Sole Proprietor

Owner #1:

Name: _____ Title: _____

Home Phone: _____ email address:

Home Address: _____ State: ___ Zip: _____ Country

Dealer Application - Page 2 of 2

Owner #2:

Name: _____ Title: _____

Home Phone: _____ email address: _____

Home Address: _____ State: ___ Zip: _____ Country:

Trade References: (list 3 motorcycle industry companies that you do business with)

Name: _____ Account #:

Address: _____ Phone #: _____ Fax#

City: _____ State: ___ Zip: _____ Country:

Name: _____ Account #:

Address: _____ Phone #: _____ Fax#

City: _____ State: ___ Zip: _____ Country:

Name: _____ Account #:

Address: _____ Phone #: _____ Fax#

City: _____ State: ___ Zip: _____ Country:

Type of Business:

Franchised New Motorcycle Dealer Used Motorcycle Dealer

Brands carried: _____

Motorcycle Parts & Accessories Store Motorcycle Repair Shop

Store Hours, Days open: _____

Parts Manager: _____ Phone # _____

How did you find out about the Tailgunner® Exhaust?

I certify the above information is accurate:

Date: _____ Signature: _____

Title _____

Printed Name: _____

Return Fax To:
Tailgunner Exhaust: 508-693-8735

