



www.GRAVESPORT.com

***7629 Densmore Avenue
Van Nuys, CA 91406***

Dear Motorcycle Dealer,

Thank you for your interest in Graves Motorsports. To become an authorized dealer for Graves Motorsports your company must be a legitimate motorcycle, off-road and / or side x side shop. This includes, but is not limited to, having a storefront with proper signage and separate service and showroom areas. Approval of dealership status will be at the sole discretion of Graves Motorsports.

Authorized dealers (in good standing) will enjoy the full support of the company. Please fill out this dealer application and return by email to sales@gravesport.com. If you have any questions please feel free to contact us at (800) 867-6480 ext 800. We look forward to helping you grow your business.

For fastest approval, please print or type clearly. Also please include a copy of each of the following:

- Graves Motorsports Dealership Application (completed)
- Business License
- Resale License
- Pictures (exterior showing signage, interior showing showroom and service areas). Please include shop name in subject line.

Sincerely,
Customer Service Team
Graves Motorsports Tel
(800) 867-6480 ext 800

Upon completing email to sales@gravesport.com**DEALER APPLICATION****SECTION****1**

Business Name _____

Address _____

City/State/Zip _____

Contact Person _____

Email (Primary Contact) _____

Phone _____

Fax _____

SECTION**2**

Number of Years in Business _____

Text _____

Operating As Proprietorship Partnership Corporation

Name of Owner _____

Federal I.D. or Social Security # _____

State Business License Number _____

(Please include a copy of your business license)

State Resale License Number _____

*(Please include a copy of your resale license)***SECTION****3****Please list below your company's bank information**

Bank Name _____

Account Number _____

Address _____

City/State/Zip _____

Phone _____

SECTION**4****Please list below the company name and address of three (3) trade references**

Name _____ Account Number _____ Phone _____

Name _____ Account Number _____ Phone _____

Name _____ Account Number _____ Phone _____

PLEASE INCLUDE ALL REQUIRED DOCUMENTS, IF NOT APPROVAL OF YOUR APPLICATION MAYBE DELAYED.

For fastest approval, please print or type clearly. A copy of both the Business and Resale License must be included with the Application.

Signature: _____ Date **WHEN FORM IS COMPLETED, CLICK HERE TO PRINT**

For GMS Office Use Only: APPROVED: _____ DATE: _____ IN: _____ / _____