



www.GRAVESPORT.com
Tel (818) 902-1942 Fax (818) 902-3821

*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 and/or ATV 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 and return via fax our dealership application. If you have any questions please feel free to contact us at (818) 902-1942. 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).
Pictures can be emailed to sales@gravesport.com. Please include shop name in subject line.
- Yellow Pages Ad

Sincerely,
Customer Service Team
Graves Motorsports
Tel (818) 902-1942



www.GRAVESPORT.com
Tel (818) 902-1942 Fax (818) 902-3821

7629 Densmore Avenue
Van Nuys, CA 91406

Upon completing print & fax to (818) 902-3821

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. In addition, we request a copy of your Yellow Pages ad and photo of your shop.

Signature: _____ Date

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