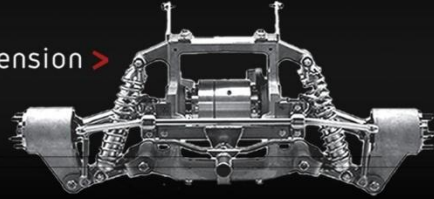


DFT

TRUE Independent Suspension >

Trikes



Dealer Application

Date: ____ / ____ / ____

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Email: _____

Will be converting primarily: Harley's _____ Honda's _____ or Both _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Federal I.D. Number: _____ Resale Number: _____

Business License: _____

Vendor References

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Service Area: Yes _____ No _____

Approx. Square Footage of Shop: _____ Warehouse: _____

Can your service department supply installation to include wheels, tires, exhaust and service after the sale? Yes _____ No _____



L.A.T. Enterprises, Inc.

We accept all credit cards and checks must be payable to: L.A.T. Enterprises, Inc.

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