

# Boondocker LLC

Box 188 680 Chamblet St. Midway BC VOHIM0  
(250) 449-2699 www.boondockers.com Fax (250) 449-2328  
Toll Free 877-449-2699

## Dealer Application Form

Directions:

- o Fill this form out completely. Your application may be delayed or even denied if all the
- o Requested information is not included.
- o Provide all signatures requested.

Include a copy of the following:

- o Current local business license
- o Business card, current business telephone listing, website address, and storefront picture.

Legal Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Shop Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Date Business Started? \_\_\_\_\_ Contact Name: \_\_\_\_\_

Payment Preference: C.O.D Cashiers check  Credit Card

American Express  Discover  Master Card  Visa

C.C. #: \_\_\_\_\_ Exp. \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If more than one name is listed above, are you operating as:  Partnership  LLC  Corporation

Federal I.D #: \_\_\_\_\_ Resale Tax #: \_\_\_\_\_

Which of the following describes your business? Check all that apply.

Franchise  Dealer  Independent

Accessories  Repair  Other: \_\_\_\_\_

ATV  Dirt bike  OTV  Road bike  Snow machine  Watercraft

Brand(s): \_\_\_\_\_

Would you like to be added to our dealer list?  Yes  No

Would you like to receive updated & new info by:  E-mail  Fax  Mail

Do you significantly discount off retail pricing?  Yes  No

# Boondocker LLC

Box 188 680 Chamblet St. Midway BC VOHIM0  
(250) 449-2699 www.boondockers.com Fax (250) 449-2328  
Toll Free 877-449-2699

## List 3 Buisness references:

1. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

By signing this application, you assure us that the information above is correct.

**The information you provide on this form will be held in confidence.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be owner, partner, or corporate officer)