CSR Suspension
485 S County Rd 575 W
North Vernon, IN 47265

Phone: (812) 346-8620
Fax: (812) 346-4936
www.csrsuspension.com

DEALER APPLICATION

Dealership/Service Shop Name_____
Address_____Phone (_____) _____
City_____State_____Zip_____
Corporation Name_____
Federal Tax ID #_____State Resale #_____
Parts Manager_____
Web Site_____ E-mail Address _____

Name of Bank_____
Address_____Phone (_____) _____
City_____State_____Zip_____

What Motorcycle Franchise (s) do you carry?

KTM	Dealer #_____	SUZUKI	Dealer #_____
HONDA	Dealer #_____	YAMAHA	Dealer #_____
KAWASAKI	Dealer #_____	HARLEY DAVIDSON	Dealer #_____
OTHER	Dealer #_____	REPAIR SHOP	ACCESSORY SHOP

Do you carry the following:

MX/OFFROAD ATV/UTV STREET-ROAD RACING

What aftermarket distributors are you buying from?

1._____5._____
2._____6._____
3._____7._____
4._____8._____

How long have you been in business as a motorcycle/accessory/repair shop?_____

Owner's Name_____Home Phone (_____) _____
Home Address_____
City_____State_____Zip_____

NOTICE: Final approval of this application can not be given unless this form is filled out completely and accompanied by photos of the exterior and interior of your company building, listing of shop in phone directory, photocopies of company checks, and state business license.

I declare that the statements above are true and I authorize CSR Suspension to check my credit references.

Signature of Owner_____ Date_____

Approved at CSR by_____ Date_____

Fax and/or email completed application and attachments to:
(812) 346-4936 - info@csrsuspension.com