



CONFIDENTIAL DEALER APPLICATION

RETURN ATTENTION

Hunter Patten

Email: Hunter@highlifter.com

FAX: 318-524-2297

Thank you for your interest in High Lifter Products. We look forward to setting up your account and offering our world class service and support.

Please completely fill out this credit application and either email or fax us your current sales tax exemption certificate. Please make sure you fill in the phone and fax number for all your trade credit references.

PLEASE PRINT CLEARLY

Business Information:

Business Name: _____ Phone: _____

DBA Name: _____ Fax: _____

Address: _____ City/State/Zip: _____

Does your company sell products on a web site? _____

Web Address: _____

Social Media Handles: _____

Accounting Email Address: _____

Resale Number: _____ Federal ID Number: _____

Franchised Dealer: Yes/No _____ Franchised Dealer No: _____

Please select your franchisor:

- Arctic Cat
- Honda
- Kawasaki
- Can-Am
- Polaris
- Suzuki
- Yamaha
- Other _____

Type of Ownership:

- Sole Proprietorship
- Partnership
- Corporation
- S-Corporation
- LLC

Partners and/or Corporate Officers:

Name	Title	Phone Number	Email address
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

List of Authorized Buyers for your Company:

Name	Title	Phone Number	Email address
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Payment Terms Requested: NET 10 Day Terms are offered to Franchise Dealers Only

- Net 10 Days
- COD
- Credit Card

Billing Address or Shipping Address if Different:

Name: _____ Phone: _____ Fax: _____
Address: _____ City/State/Zip: _____
Accounts Payable Contact: _____

Describe your current business products or services:

In Business Since: _____ Annual Sales Volume: _____

Main ATV Parts & Accessories Supplier: _____

ATV Parts & Accessories Sales Volume: _____

Credit Trade References or ATV Related Suppliers

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State: _____ Zip Code: _____

Contact Person: _____ Acct. Number: _____

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State: _____ Zip Code: _____

Contact Person: _____ Acct. Number: _____

Name: _____ Phone: _____ Fax: _____

Address: _____

City, State: _____ Zip Code: _____

Contact Person: _____ Acct. Number: _____

If you do not list all three credit trade references or ATV related suppliers your application will be denied. If you have any questions, please call our sales department at 1-800-699-0947 extension #6055.

If you do not provide a copy of your Tax Exemption Certificate neither your order nor your application can be processed.

High Lifter appoints dealers of its products who are operating an established ATV related business. A dealer must have a legitimate store front or repair business, regular hours of operation and existing commercial relationships with other companies in the ATV accessory business. High Lifter reserves the right to appoint or discontinue dealers for reasons deemed appropriate by us.

If your application is not filled out completely it will be denied. Also, please do not forget to provide pictures of your store front, your tax certificate, and business license. Any or all of this information can be e-mailed to Hunter@HighLifter.com or faxed to 318-524-2297.

The Business Applicant named above certifies that all information provided is complete, true, correct and authorizes High Lifter Products, Inc. to obtain credit reports to check the individual and/or business credit rating of both the Business Applicant and the owner(s). You hereby certify that the individual signing this application has the authority to sign and bind you to the terms of agreement.

Personal Guaranty: In consideration of High Lifter Products, Inc. extending credit to the above applicant, a corporation or individual, the undersigned does hereby individually and personally guarantee to High Lifter Products, Inc. from the said applicant for goods, wares, and merchandise sold to the applicant. If it becomes necessary to enforce this guaranty by suit, I agree to pay interest and attorney fees as provided above.

Signature

Printed Name

Date



High Lifter Products Dealer Qualification Matrix

Dealer Status	Information Required for New Dealer Status	Initial Order Minimum	Minimum Annual Spend in High Lifter Products	Level Assigned
OEM Dealer	<ul style="list-style-type: none">• Dealer Application• Proof of Physical Location• Sales Tax Exemption	\$0	\$0	1
Parts Dealer	<ul style="list-style-type: none">• Dealer Application• Proof of Physical Location• Sales Tax Exemption	\$1000	\$5000	1
Installer	<ul style="list-style-type: none">• Dealer Application• Proof of Physical Location• Sales Tax Exemption	\$500	\$3000	4
Dealer +	Established Dealer		\$50,000	5