



780 Professional Dr. N
Shreveport, LA 71105

CONFIDENTIAL DEALER APPLICATION

RETURN ATTENTION

Hunter Patten
Email: Hunter@highlifter.com
Phone: 318-213-6047
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. Also make sure you fill in the phone and fax number for all your trade credit references.

| | | | | | | | | | | | | | | |
|--|------------------------------|-------|-------------|--|---------------|-----------------|---------------------|-------|------------|-----|--|----------|--|--|
| Date: | Business Information: | | | | | | | | | | | | | |
| Business Name: | | | | | | | Phone: | | | | | | | |
| DBA Name: | | | | | | | Fax: | | | | | | | |
| Address: | | | | | | City | | | | | | | | |
| State: | | | Zip: | | | Internet Sales: | Yes: | | | No: | | | | |
| Web Address: | | | | | | | | | | | | | | |
| Accounting Email: | | | | | | | | | | | | | | |
| Resale Number: | | | | | Federal ID #: | | | | | | | | | |
| Please select your Franchisor: | | | | | | | | | | | | | | |
| Arctic Cat | | | Can-Am | | | Honda | | | John Deere | | | Kawasaki | | |
| Kubota | | | Polaris | | | Suzuki | | | Yamaha | | | | | |
| Other | | | | | | | | | | | | | | |
| Type of Ownership: | | | | | | | | | | | | | | |
| Corporation | LLC | | Partnership | | S-Corporation | | Sole Proprietorship | | | | | | | |
| Partners and/or Corporate Officers: | | | | | | | | | | | | | | |
| Name | | Title | | | Phone Number | | | Email | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| List of Authorized Buyers for Your Company: | | | | | | | | | | | | | | |
| Name | | Title | | | Phone Number | | | Email | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| Payment Terms Requested: NET 10 Day Terms are offered to Franchise Dealers Only | | | |
|---|--|-------|--|
| Credit Card | | | |
| Billing Address: | | | |
| Address: | | City: | |
| State: | | Zip: | |
| Shipping Address: | | | |
| Address: | | City: | |
| State: | | Zip: | |
| Describe Companies Products and/or Services: | | | |
| | | | |
| Years in Business: | | | |
| Approximate Annual Sales Volume: | | | |
| Primary ATV/UTV Parts and Accessories Vendor: | | | |

If you have any questions please call our sales department at 1-800-699- 0947 Ext. 6061.

Without a valid copy of your Tax Exemption Certificate, neither your order nor your application can be processed.

High Lifter appoints dealers who operate established ATV related businesses. A dealer must have a legitimate retail store front or repair business, regular hours of operation, and existing commercial relationships with other companies in the ATV accessory and power sports industry. High Lifter reserves the right to appoint or discontinue dealers for reasons deemed appropriate by us without notice.

If your application is not filled out completely it will not be processed. Also, we must have pictures of your store front, copy of your tax certificate, and copy of your business license. Any or all of this information can be e-mail Hunter@HighLifter.com or faxed to 318-524-2297.

The Business Applicant named below certifies that all information provided is complete, true, and correct. You hereby certify that the individual signing this application has the authority to sign and bind you to the terms of this agreement.

| Signature | Printed Name | Date |
|-----------|--------------|------|
| | | |

User name is the customer number plus the last 4 digits of the user's social security number. The assigned sales representative will train users on the dealer ordering system. For Password changes, the PRIMARY USER must call or email the password request changes to their sales representative. **Please note User Name will be assigned by High Lifter and your password must be at least six digits and must contain both letters and numbers.**

| INTERNET ACCESS FOR HIGH LIFTER DEALER WEBSITE | | | | |
|---|--|--------------------|--------------|--|
| COMPANY INFORMATION | | | | |
| Date: | | Dealership Name: | | |
| Customer Number: | | Phone: | | |
| Company Website: | | Fax: | | |
| Address: | | | | |
| City: | | State: | ZIP Code: | |
| Primary User information | | | | |
| First Name: | | Last Name: | | |
| Email: | | Title or Position: | | |
| Username: | | Password: | | |
| User #1 Information | | | | |
| First Name: | | Last Name: | | |
| Email: | | Title or Position: | | |
| Username: | | Password: | | |
| User # 2 Information | | | | |
| First Name: | | Last Name: | | |
| Email: | | Title or Position: | | |
| Username: | | Password: | | |
| User # 3 Information | | | | |
| First Name: | | Last Name: | | |
| Email: | | Title or Position: | | |
| Username | | Password: | | |
| Execution of Agreement | | | | |
| DEALER WEB SITE ACCOUNTS WILL NOT BE PROCESSED UNLESS SIGNED BY OWNER | | | | |
| I authorize the use of online ordering by the users named above to represent the above company. I understand that as a customer and user of High Lifters Dealer Website we are responsible for keeping passwords confidential and responsible for all orders generated by the users. I further understand that the orders placed online will be processed according to the account terms existing at time of order. In the event that there is a problem with a High Lifter Dealer online order, a High Lifter representative will contact that user by phone or email. | | | | |
| Signature of Owner: | | | | |
| Print Name: | | | Date: | |

1-800-699-0947

FAX 318-524-2297

PRINT CLEAR



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 |