



Second Look Dealer Application

Fax to: (408) 864-2144

Date _____

Firm Name _____ Month/year business was established? _____

Ship to Address _____

City _____ State _____ Zip _____

Mailing address _____

Ph#(____) _____ Fax(____) _____ e-mail _____

Authorized buyers: _____ ONLY
(If no one else is authorized to order, circle ONLY)

1. Activity your firm is engaged in (check all that apply):

- Have retail location/ storefront
- Franchised dealership. Brand(s) _____
- Parts and accessories
- Service and repair
- Mail order

2. Your target market(s) ___local___ statewide___ nationwide___ export. For export, list countries: _____

3. Does your firm put out a catalog? Circle: yes / no If yes, please send one.
Do you intend to feature Second Look products in your catalog? Circle: yes / no / maybe.

4. List 2 MAJOR motorcycle industry "wholesale only" parts distributors that you purchase from:

Name _____ Rep _____ Your Dealer# _____

Name _____ Rep _____ Your Dealer# _____

Do you purchase from any independent Reps? _____ Who: _____ comment: _____

5. Send or fax a copy of ALL of the following:

- Resale license or business license showing the company name.
 - Company business card
 - Your Yellow Page ad (phone company confirmation of ad placed is O.K.), or magazine ad, or website address
 - California dealers must also mail a completed resale card!
- (Your dealership will be denied if you omit any of the above)

Log Second Look #s: Phone: (800) 566-5753 Fax: (408)864-2144

For Second Look Use

Stats: _____ ID: _____ CM: _____