



DEALER APPLICATION

Company Name _____ Parts Manager _____

State Resale Number: _____ State Issued: _____

Business Type (Corp, Partnership, LLC Etc) _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Email: _____ Website _____

Fax#: _____ **Notify and provide us with billing if different than shipping address**

3 Trade References: (List PowerSports Distributors you currently do business with)

Comp Name: _____ Contact: _____ Phone _____

Comp Name: _____ Contact: _____ Phone _____

Comp Name: _____ Contact: _____ Phone _____

Application Checklist:

1. _____ Completed dealer application
2. _____ Copy of State Tax ID Certificate
3. _____ 2 Pictures of Facility (Front with sign&Interior)
4. _____ Fax Completed Application to 252-758-2094
5. _____ Email 2 Pictures to CustomerService@ronayers.com

RonAyers.com 1929 N Memorial Drive, Greenville, NC 27834 www.ronayers.com

866-766-2937 ext 703 Parts Line, 252-758-2094 Fax