



BABBITT'S

BABBITSONLINE.COM

3712 AIRLINE RD. | MUSKEGON, MI 49444 | PHONE: (231) 737-4542 | FAX: (231) 733-9617 ATTN: CODY

PARTS DEALER APPLICATION

WE MUST RECEIVE **ALL** OF THE FOLLOWING FROM YOUR COMPANY TO QUALIFY FOR DEALER PRICING:

- **A COMPLETED DEALER APPLICATION**
- **A COPY OF TAX EXEMPT FORM**
- **A COPY OF BUSINESS OR RESALE LICENSE CERTIFICATE**
- **A COPY OF YOUR YELLOW PAGES AD OR BUSINESS CARD**
- **MICHIGAN DEALERS** MUST SUBMIT CURRENT COPY OF TAX RESALE

PAYMENT TERMS

BABBITT'S ONLINE **DOES NOT** OFFER OPEN TERMS

PAYMENT MUST BE MADE VIA CREDIT CARD (U.S. DEALERS ONLY), WIRE TRANSFER, COMPANY CHECK OR CASHIERS CHECK/MONEY ORDER (MADE PAYABLE TO BABBITT'S ONLINE)

BUSINESS TRADE NAME (DBA) _____

BUSINESS LEGAL NAME (AS IT APPEARS ON BUSINESS LOCATION) _____

BUSINESS STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

BUSINESS PHONE _____

SHIPPING ADDRESS (IF DIFFERENT-STREET, CITY, ST AND ZIP CODE) _____

FAX NUMBER _____

E-MAIL ADDRESS _____

WEBSITE ADDRESS _____

OFFICER | OWNER NAME _____

TITLE _____

DEALER CONTACT (PURCHASER) _____

TITLE _____

DESCRIPTION OF BUSINESS

TYPE OF BUSINESS (CHECK ONE)

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

ARE YOU A FRANCHISED DEALER FOR A MAJOR MANUFACTURER? YES NO

IF YES, WHICH MANUFACTURER(S):

ARCTIC CAT

HONDA

KAWASAKI

KTM

POLARIS

SUZUKI

YAMAHA

INCORPORATED IN THE STATE OF: _____ LENGTH OF TIME OPERATING UNDER THE ABOVE NAME: _____

LENGTH OF TIME AT THE ABOVE ADDRESS: _____ NUMBER OF BRANCHES/OUTLETS OPERATED/MANAGED BY YOU: _____



2 PAGES



E-MAIL APPLICATION TO: CODY@BABBITSONLINE.COM -OR- **FAX:** (231) 733-9617 -OR- **CALL:** (231) 737-4542
-OR- **MAIL:** BABBITSONLINE | ATTN: CODY | 3712 AIRLINE RD. | MUSKEGON, MI 49444



BABBITT'S

INDUSTRY PREFERENCES

E.G.: SUPPLIERS IN THE UNITED STATES THAT ARE ACTIVELY DISTRIBUTING RELATED INDUSTRY PARTS TO YOUR BUSINESS THAT YOU HAVE PURCHASED FROM THE PAST 12 MONTHS

NAME _____ TELEPHONE _____ FAX _____

ADDRESS _____ ACCOUNT # _____

NAME _____ TELEPHONE _____ FAX _____

ADDRESS _____ ACCOUNT # _____

CREDIT CARD PAYMENT INFORMATION (U.S. DEALERS ONLY)

NAME ON CREDIT CARD: _____

CREDIT CARD #: _____ EXPIRATION DATE ____/____/____ CVV# _____

BILLING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE #: _____ FAX#: _____

This application is submitted by applicant to Babbitt's Sports Center (babbittsonline.com) for the purpose of obtaining dealership status. Babbitt's reserves the right to decline dealership status to applicant and, in the event the dealership status is approved, to change or revoke applicant's dealership status on the basis of changes in dealership policies or applicant's financial condition and/or payment record. All sales of products and services by BABBITT'S to applicants will be subject to Babbitt's standard sales terms and conditions as stated on babbittsonline.com in effect at the time of the order. And variance from those terms and conditions will be effective only if agreed to in writing by Babbitt's prior to the time the product or services are ordered. By signing this application, applicant certifies that all information provided on this application is correct to the best of applicant's knowledge. Applicant hereby authorizes the release of credit and banking information to Babbitt's by the references listed on this application. After 12 mo. Inactivity applicant must re-apply for dealer status.

SIGNED AT: _____ AS OF THIS _____ DAY OF _____ 20 _____

OFFICER/OWNER: _____ AUTHORIZED SIGNATURE _____ PRINTED NAME _____

WE MUST RECEIVE **ALL** OF THE REQUIRED DOCUMENTS FROM PAGE ONE BEFORE COMPLETING YOUR APPLICATION FOR DEALER PRICING.



E-MAIL APPLICATION TO: CODY@BABBITTONLINE.COM -OR- FAX: (231) 733-9617 -OR- CALL: (231) 737-4542

-OR- MAIL: BABBITTONLINE | ATTN: CODY | 3712 AIRLINE RD. | MUSKEGON, MI 49444