

## Authorized Dealer Application

Dealer Information (Attach a list of all stores)		
Dealer Name		Phone
Billing Address		Shipping Address
City Zip /Postal	State/Province Country	City State/Province Zip/Postal Country  Tax ID Number (no hyphens, please)
Website  Contact Informa	ation	
	shop contacts for us to communic	cate with
Contact Name 1 First Name		Contact Email 1
Contact Phone 1		Contact Role 1
Contact Name 2 First Name		Contact Email 2
Last Name		
Contact Phone 2		Contact Role 2
Shop Information	on	
Tell us about your shop?  What type of Bikes / Products do you primarily sell?  Mountain Road Triathlon / TT		? Number of stores?
What bike brands do you carry?		Square footage of the store(s)?
Do you do product demos?  ☐ Yes ☐ No		Approximate annual sales?

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