

Dealer Information (Attach a list of all stores)

Dealer Name		Phone	
Billing Address		Shipping Address	
City	State/Province	City	State/Province
Zip /Postal	Country	Zip/Postal	Country
Fax		Tax ID Number (no hyphens, please)	
Website			

Contact Information

Please include two shop contacts for us to communicate with.

Contact Name 1		Contact Email 1	
First Name			
Last Name			
Contact Phone 1		Contact Role 1	
Contact Name 2		Contact Email 2	
First Name			
Last Name			
Contact Phone 2		Contact Role 2	

Shop Information

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?