

HEAD QUARTERS DEALER APPLICATION

Please complete this form and mail or fax us back the information.

Business Name: _____
Federal Tax #: _____
Year Started: _____
Are You A Dealership:___ Custom Shop:___ Other:___
Street Address: _____
City: _____
Sate/Province: _____
Zip/Postal Code: _____
Phone Number: _____
Fax Number: _____
Owner(s): _____
Contact Person(s): _____
E-Mail Address: _____
Web Site Address: _____

We also require:

- invoice copies from 3 of your Harley-Davidson and/or Harley aftermarket suppliers.
- any other trade references that you wish to include
- a copy of your yellow page listing or magazine ad

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