



MACHINE WORKS

Business Name _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Website URL _____ Email _____

Owner's Name _____ Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Parts Manager _____

Starting Date of Business _____

As: () Proprietorship () Partnership () Corporation

Shop Hours _____ to _____ Circle Days Open: S M T W T F S

Motorcycle Franchises now carries:

1. _____ 2. _____ 3. _____

Dealer Numbers for above brands:

1. _____ 2. _____ 3. _____

If you are not a Motorcycle Franchise, please describe your business activities:

State resale number or Business license number:



Distributors you currently buy from: Please provide contact names, phone numbers and account numbers.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Bank Name _____

Contact _____

Phone _____

Address _____

City _____ State _____

Zip Code _____

Name/Position of Applicant

Signature _____

Date _____

By signing you acknowledge you have read and understand our policies and terms of use agreement and terms of sale agreement for becoming a dealer for Hays Machine Works and agree to abide by our policies at all times. Copies of these policies can be viewed at www.haysmachineworks.com or can be provided upon asking for your files. All policies and terms of use are provided in your new dealer packet.

FOR OFFICE USE ONLY _____ OK'D DATE _____
DEALER # _____