

## OVERVIEW

- Our goal is to build a strong dealer network
- Prospective customers will first be directed to dealers in their area.
- We will not sell our products over the internet for less than the suggested retail price.
- Dealers may discount from the suggested retail price.

## GENERAL DEALER POLICIES

- Dealers must be a retail establishment with a valid Resale or Exemption Permit. (exceptions require approval)
- Dealer assumes liability for all appropriate tax.
- A minimum initial order includes four bags (preferably one xlarge, two large and one small or cooler bag).
- Initial orders must be a credit card (MasterCard, Visa, Discover or AMEX) or check/C.O.D.
- Subsequent order payment options will be established as appropriate.
- Refused orders will incur a 10% restocking fee.

## RETURN POLICY

- You must get an RMA number prior to return. (does not include shipping fees)
- Please call regarding any returns.

## WARRANTY

- Defects in material and workmanship are covered for sixty days from the date of purchase. Proof of purchase is required. Credits and replacements remain the option of Biker's Friend.
- Credits issued will not exceed the original purchase price.

## CONTACT US

Call us toll free at: **866-950-7500**, or e-mail us: **bags@bikersfriend.com**

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Biker's Friend

## DEALER APPLICATION

Thank you for inquiring about becoming a dealer for Biker's Friend. We look forward to partnering with businesses who are able to service their local area. We respectfully request you provide us with the following information, for the protection of our dealers, and to establish that your business does in fact deal in the manufacture, sale or service of motorcycle equipment.

CONTACT	COMPANY
Contact Name: _____	Company Name: _____
Title: _____	Ship to Address: _____
Email address: _____	City: _____ State: _____ Zip: _____
Phone: ( _____ ) _____ ext. _____	URL: _____
Fax: ( _____ ) _____	Type of Business:
Shipping Address: _____	<input type="checkbox"/> Dealer/Distributor <input type="checkbox"/> Custom Cycles/Parts
Owner/Chief Executive: _____	<input type="checkbox"/> Club/Organization <input type="checkbox"/> Repair Shop
Primary Contact Name: _____	<input type="checkbox"/> Parts & Accessories <input type="checkbox"/> Other
_____	Hours of Operation: _____
Type of Ownership:	_____
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	Authorization: (persons authorized to place orders)
<input type="checkbox"/> Partnership <input type="checkbox"/> Other	1) _____
<input type="checkbox"/> Limited Liability Corp.	2) _____
Special Instructions: _____	3) _____
_____	4) _____
_____	Billing Info: (if different than main company address)
_____	Company Name: _____
_____	Address: _____
_____	City: _____ State: _____ Zip: _____

**complete and fax application to: 636-922-7094**

For problems with this application or questions, call **866-950-7500** or email us at [request@bikersfriend.com](mailto:request@bikersfriend.com)  
**[www.bikersfriend.com](http://www.bikersfriend.com)**

# **Biker's Friend<sup>®</sup>**

*Quality Motorcycle Gear*

**121 Foxtail Dr. • St. Charles, MO • 63303**

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Title: _____	Ship to Address: _____
Email address: _____	City: _____ State: _____ Zip: _____
Phone: ( _____ ) _____ ext. _____	URL: _____
Fax: ( _____ ) _____	Type of Business:
Shipping Address: _____	<input type="checkbox"/> Dealer/Distributor <input type="checkbox"/> Custom Cycles/Parts
Owner/Chief Executive: _____	<input type="checkbox"/> Club/Organization <input type="checkbox"/> Repair Shop
Primary Contact Name: _____	<input type="checkbox"/> Parts & Accessories <input type="checkbox"/> Other
Type of Ownership:	Hours of Operation: _____
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	Authorization: (persons authorized to place orders)
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