

4835 Cordell Ave, Suite 715. Bethesda, MD-20814
www.krosswerx.com

Voice: 202-361-2345 – Fax 202-558-3585
parts@krosswerx.com

Thank you for considering KrosswerX LLC for your motorcycle needs. Our products are sold at wholesale prices to legitimate power sports dealers only. KrosswerX will drop ship direct to your customers if needed. To protect our stocking dealers we do not sell to shops that purchase products just for personal use. We need all of the following information to process your application.

Checklist:

1. An original business card.
2. A copy of a canceled check or invoice *to your largest motorcycle parts supplier.*
3. A copy of your advertisement in a phone book, yellow pages or an industry magazine.
4. Photographs of your storefront, showroom
5. Copy of your business resale certificate.
6. The completed application with all the blanks filled in.

You may fax this information to expedite your initial order but we **MUST** receive the originals for our files. We may periodically request a new application be filled out for our records.

Please note:

- No initial order (questionable applicants will have an initial order based on KrosswerX's discretion)
- In order to maintain a dealer account, you must purchase \$1000.00 or more annually to stay at dealer status.
- All orders will be paid via PayPal, Credit Card, Money Order / Certified Check. We do not offer open accounts
- Upon approval you will be issued a KrosswerX dealer Account number
- A price list and catalog will be sent upon approval.
- MSRP **MUST** be retained to maintain dealer Status.

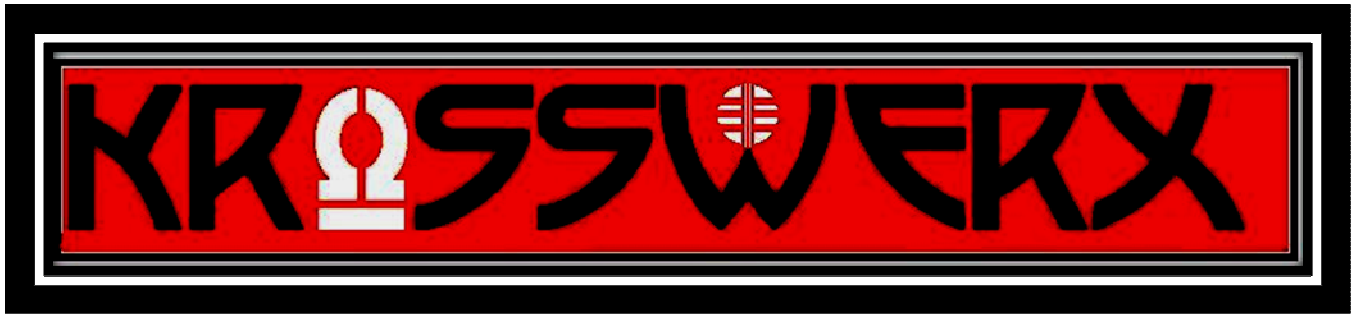
As you fill this application out please keep in mind these policies were created to offer the best protection for our existing dealers. Once approved, these policies will be in effect for *your* protection. If you have any questions concerning this application, please feel free to call between 8:00a.m. - 6:00 p.m. EST.

Again, thank you for your interest in KrosswerX LLC.

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Please fill out completely and Fax / Mail with other needed documents.

Business Name _____

Phone _____, Fax _____

Shipping Address _____

City _____ State _____ Zip Code _____

Website URL _____ Email _____

Owners Name _____ Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Type of Business: () Proprietorship () Partnership () Corporation () Internet Retailer

() Dealership

Motorcycle Franchises Carried 1. _____ 2. _____ 3. _____

Dealer Numbers for the above 1. _____ 2. _____ 3. _____

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

Starting Date of Business _____

Parts Manager / Contact _____

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

State Resale number or Business License number: _____

Motorcycle Distributors you currently buy from: (Please include dealer number and contact info)

1. _____

2. _____

3. _____

Bank Name _____

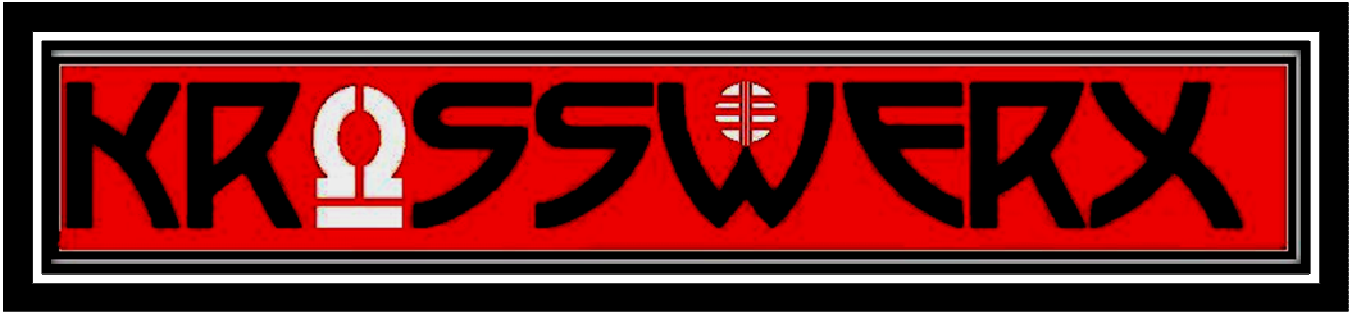
Contact _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Name / Position of Applicant _____

Signature _____ Date _____



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CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize KrosswerX LLC, Bethesda, MD to charge my card: (check one) Type of Card: () Visa, () MasterCard for purchases made in person, over the phone and email now and in the future.

*MASTERCARD users indicate the four numbers above your name _ _ _ _

I am an authorized buyer for _____

COMPANY OR STORE NAME

My card # is _____ EXP. DATE _____

CVV2 # _____ (this is the last 3 or 4 numbers on the back of the card in reverse italics)

This is a (check one) () Corporate card, () Personal card

Name / Position of Cardholder _____

Signature _____ Date _____

Address to which your card is billed _____

City, State, Zip /Country Code _____

Phone # with area / country code _____

FOR OFFICE USE ONLY* () OK'D DATE _____ DEALER # _____