

THOMPSON'S CUSTOM CYCLES

Dealer Application

Business Name _____ Start Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Website _____

State Tax # _____ Bank Name _____

Business Phone # _____ Fax # _____

Contact Name _____ Position _____

References *(other vendors you buy from)*

(1) _____ Phone # _____

(2) _____ Phone # _____

(3) _____ Phone # _____

(4) _____ Phone # _____

Please include the following items:

- (1) Copy of business license
- (2) Copy of business card
- (3) Picture of store inside and out *(please email all pictures)*

Mail to: Thompsons
Custom Cycles
214 Darlington Ave.
Hartsville, SC 29550

Fax to: (843)383-6458

Email to: dealers@thompsonscustomcycles.com