



for the best ride you'll ever see...

Date: \_\_\_\_\_

## New Dealer Application

### Requirements

Must be a Motorcycle Dealer or Motorcycle Parts Dealer

Must have a Physical Business Location

Minimum initial order of 3 shields

### Application

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Country \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Preferred method for obtaining product information  On-line  Catalog  Other

**Please Fax this form along with a copy of your Resale Tax License**

**Thank you, we will review your application and contact you shortly.**

## **Clearview Shields**

[info@clearviewshields.com](mailto:info@clearviewshields.com)

[www.clearviewshields.com](http://www.clearviewshields.com)

Toll Free Phone: 800-798-6089

Local & International Calls: 303-838-0886

**Fax: 303-838-6894**