



Provoscooter.com

## Dealer Application

Fill out application completely and fax to 866.236.5605 along with a valid business license and tax exempt certificate.

|                           |       |     |                  |       |     |
|---------------------------|-------|-----|------------------|-------|-----|
| Name of Dealership        |       |     | DBA              |       |     |
| Contact Name/Sale Manager |       |     | Owners Name      |       |     |
| Address                   |       |     | Shipping Address |       |     |
| City                      | State | Zip | City             | State | Zip |
| Telephone                 |       | Fax | Email            |       |     |
| Web Address               |       |     | Tax ID Number    |       |     |

Business Type:  Proprietorship  Partnership  Corporation

Number of years in business: \_\_\_\_\_

Do you sell parts online?  Yes  No

What is your estimated annual purchase volume from Provoscooter? \_\_\_\_\_

Scooter brands you sell: \_\_\_\_\_ Common parts you will be ordering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOU WILL BE APPROVED AS A PROVOSCOOTER DEALER ONCE YOU FAX THIS FORM BACK WITH YOUR BUSINESS LICENSE AND TAX EXEMPT CERTIFICATE.

WE ARE NOT RESPONSIBLE FOR INSTALLATION OR IF YOU DO NOT HAVE A TRAINED MECHANIC.

WE DO NOT DROP SHIP TO CUSTOMERS

RETURN POLICY: RETURNS ARE ONLY ACCEPTED ON NEW/UNUSED ITEMS IN ORIGINAL PACKAGING. ALL SALES ARE FINAL AFTER 30 DAYS. 20% RESTOCKING FEE ON SPECIAL ORDERS, 15% ON REGULAR ITEMS. \$25 NSF CHECK FEE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



*Provoscooter.com*

## Credit Card Authorization

To simplify placing orders, fill out and sign this form and we will securely store your credit card information to be used when placing phone orders.

### Credit Card Information:

|  |                 |                 |             |
|--|-----------------|-----------------|-------------|
| Name on Credit Card  |                 | Company Name    |             |
| Credit Card Number   |                 | Billing Address |             |
| Card Type (Check One)<br>Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> |                 | City            | State   Zip |
| CVC (Last 3 Digits on Back)  | Expiration Data | Country         |             |

**By signing this form you authorize "Provoscooter" to charge this credit card number on file without obtaining a signature.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date