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DEALER APPLICATION

ALL APPLICATIONS MUST BE FILLED OUT COMPLETELY AND RETURNED WITH A COPY OF YOUR BUSINESS LICENSE AND/OR RETAIL TAX CERTIFICATE

PLEASE FILL OUT COMPLETELY

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Fax _____

Owner _____ Buyer/Purchaser _____

How long has business been open _____ At this current address _____

Bank Reference _____

Motorcycle Industry References (Please include Business name & phone #)

1. _____

2. _____

3. _____

**NOTE: ALL FIRST TIME ORDERS ARE COD UNLESS AUTHORIZED OTHERWISE.
ALL APPLICATIONS MUST BE RETURNED BACK FILLED OUT WITH A COPY OF A BUSINESS LI-
CENSE AND A TAX ID # FOR YOUR COMPANY.**