

Darkhorse Crankworks Dealer Application



Date _____ / _____ / _____

Dealership _____ / Shipping (if different) _____

Street _____ / _____

City / State / Zip _____ / _____

Phone _____ Principal/Owner _____

Fax _____ Contact _____

Email _____ Service Manager _____

State sellers permit # _____ Years in business _____

Website URL _____

V-Twin Distributors you currently work with _____, _____

Classification: - Dealer Performance Distributor Race Team

Payment Method: - Credit Card COD

CC Type: Visa / MC / Disc Card# _____

Expires _____ Billing St. Address & Zip code _____ Security code _____

Signature _____ **Title** _____ **Date** _____

*All shipping will be UPS regular ground unless otherwise noted

*Distributor rates given with +12 lower units per year

Fax to 920.726.4991 or return with initial work order. Please remit copy of web address, state resale license and business card to complete application.

Phone: 920-726-9999

Fax: 920-726-4991

Email: sales@darkhorsecrankworks.com