



1280 Kona Dr
Compton, CA

OFFICE USE ONLY
DEALER NAME: _____
MasterTune Website: <input type="checkbox"/> YES <input type="checkbox"/> NO
MSRP <input type="checkbox"/>

DEALER APPLICATION

DATE: _____

THIS IS NOT A CREDIT APPLICATION

Please take your time to review your application before submitting. Incomplete/illegible applications will result in a delay of processing your request. Return both pages of this application along with, a current copy of your business license, photos of Storefront, Showroom area and Service area, and a copy of business card or letterhead. If in CA or AZ return a completed CA, or AZ Blanket Resale Certificate. As part of your dealer agreement you agree not to advertise the TTS product line for less than MSRP. Approved dealers will receive the MSRP policy to read, complete, sign and return before final approval is given.

LEGAL BUSINESS NAME: _____ D.B.A.: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE: _____

FEDERAL TAX (EIN) #: _____ STATE TAX (RESALE) #: _____

YEARS IN BUSINESS: _____ YEARS AT CURRENT LOCATION: _____ BUSINESS HOURS: _____

TYPE OF OWNERSHIP (CHECK ONE): PARTNERSHIP CORPORATION INDIVIDUAL OTHER

NAME OF OWNER/PARTNERS: _____

Business Description and percentage of business. CHECK ALL THAT APPLY TO YOUR BUSINESS:

ACCESSORY/RETAIL STORE REPAIR SERVICE INCLUDING TUNING

IN-HOUSE DYNO (Make & Model of Dyno _____)

Do you wish to be included as a dealer on our website? YES NO

Franchise Dealer? List Franchise and Franchise #: _____

Harley-Davidson/Indian _____ % Street Motorcycle _____ % Off Road Motorcycle, ATV, Snowmobile _____ %

ACCOUNTS PAYABLE CONTACT: _____

PHONE: _____ FAX: _____

PERSON(S) AUTHORIZED TO PLACE ORDERS: _____

TITLE/POSITION: _____

PHONE: _____ FAX: _____ EMAIL: _____

OWNER'S SIGNATURE: _____ DATE : _____

As part of your dealer agreement you agree not to advertise the TTS product line for less than MSRP. TTS dealers are not allowed to sell TTS products on EBay, Craig's List or any other bidding type internet site.



1280 Kona Dr
Compton, CA 90220
P: 310-669-8101 F: 310-669-8130
sales@ttspowersystems.com

DEALER APPLICATION (continued)

Dealership verification: To protect our dealers from abuse by those posing as motorcycle industry businesses, we only do business with legitimate motorcycle shops that have a place of business outside of the home, business telephone, current tax certificates, and business license where applicable. You must list 3 trade references in the motorcycle industry that you do business with. By submitting this dealer application you are authorizing us to inquire as to the business relationship between your business and the references you list.

Trade References:

REF. 1 NAME OF COMPANY: _____ **Contact Person:** _____

ADDRESS: _____

CITY: _____ STATE _____ POSTAL CODE _____

PHONE #: _____ FAX _____ EMAIL _____

REF. 2 NAME OF COMPANY: _____ **Contact Person:** _____

ADDRESS: _____

CITY: _____ STATE _____ POSTAL CODE _____

PHONE #: _____ FAX _____ EMAIL _____

REF. 3 NAME OF COMPANY: _____ **Contact Person:** _____

ADDRESS: _____

CITY: _____ STATE _____ POSTAL CODE _____

PHONE #: _____ FAX _____ EMAIL _____

Please complete and sign below and return to T.T.S. Inc.

I, _____ of _____
PRINT NAME Name of company/business

Have read and agreed to the above conditions to sell the MasterTune product line.

Person authorized to sign this form (please print): _____

Signature of person authorized to sign this form: _____ Date: _____

REQUIRED DOCUMENTS:

Photos of the following:

STOREFRONT ON COMMERCIAL PROPERTY STORE SIGN SERVICE AREA PARTS COUNTER

If required photos are available on your website or FaceBook, please provide link here: _____

Relevant advertising in local media with published dates, OR a valid website with sufficient relevant advertisement

A current copy of your business license for the City or State that you do business in

CA & AZ businesses must provide a Blanket Resale Certificate

FOR OFFICE USE ONLY:
Date: _____ Approved: _____ Declined: _____ Review date: _____ Initial: _____