



Dealer Application

(Please Complete Form and Return to info@mymotoconnection.com with PDF Copy of State Resale Permit)

Business Information

Business Name: _____ Date: _____

Address: _____

Street Address _____ Unit # _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____ Type of Business: _____

Social Media: _____

Name of Owner(s) _____ Years in Business: _____

Resale License: _____ State: _____

Industry References

Name: _____ Phone: _____

Name: _____ Phone: _____

Bank Reference

Bank Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Requested Dealer Approved Signature: _____

Requested Dealer Approved Name Typed (Printed): _____