

Dear Potential Business Partner,

Thank you for considering Oxford Products USA Inc. as a supplier of motorcycle accessories to your motorcycle store. During the past 43 years of serving the motorcycle industry, Oxford Products have built up a strong reputation for quality products and outstanding customer service. To ensure that this reputation is maintained, we have designed a new dealer application form to both protect our existing dealer network and customers alike by requesting confirmation of certain legal business documentation.

We appreciate your understanding of this as you complete the application form and for your convenience, we have prepared a checklist of the information/documentation we require so we can process your application as quickly as possible and to this end, respectfully ask that all forms are completed clearly and contain all information requested.

Information Checklist

- ✓ Signed and completed New Dealer Application Form
- ✓ Copy of Business License or DBA Certificate
- ✓ Copy of State Reseller Permit
- ✓ Completed Credit Application (if an open account is required)

Once you have completed the New Dealer Application form, please email a copy of it along with the copies of your Business License/DBA Certificate and State Reseller License to: dealerapplication@oxford-products.com or Fax to (904) 683-1125. Whichever method you choose, please make sure you mail original copies to us for our records.

We appreciate the time taken to provide the information we have requested and look towards a long-term and enjoyable relationship with your company.

Very best regards,

Eric

Eric McFarlane
President
Oxford Products USA Inc 4815
Executive Park Court #105
Center Point Business Park
Jacksonville, FL 32216 USA

OXFORD PRODUCTS USA INC.

4815 Executive Park Court, Suite 105, Center Point Business Park,
Jacksonville, Florida, 32216, USA



Toll Free: (855) 341-0076 Fax: (904) 683-1125

Email: dealerapplication@oxford-products.com

Dealer Application

BUSINESS NAME: _____

DBA: _____

BUSINESS ADDRESS**: _____ City: _____

State: _____ Zip: _____ **If multi-site locations, please included the business address of each site on separate forms

Phone (Store) #:(_____) _____ Fax #: (_____) _____ Office #: (_____) _____

E-Mail*: _____ Website: _____

*You will be notified on this email address of your account activation and dealer account number

DESCRIPTION OF BUSINESS: _____ MOTORCYCLE _____ ATV _____ V-TWIN _____ SNOWMOBILE Franchise: Y / N

BUSINESS INFORMATION:

TYPE OF BUSINESS: _____ Sole Proprietorship _____ Partnership _____ Corporation

Owner(s) Name(s): _____ Owner(s) Name: _____

Home Phone #: _____ Cell Phone #: _____

Parts Manager: _____ Buyer: _____

Federal EIN #: _____ State Resale Tax #: _____

Years in Business: _____ Store Hours: _____ Day(s) closed (if applicable): _____

PAYMENT METHOD: _____ CREDIT CARD _____ C.O.D. (Net 30 day terms available with approved Credit Application)

PLEASE INCLUDE

**COPIES OF YOUR BUSINESS LICENSE OR
DBA CERTIFICATE and STATE RESELLER PERMIT**

I hereby confirm that all requested information is correct, complete and all requested copy licenses are attached or enclosed.

Signature _____

Print Name _____

Title _____

Date _____

Dealer Application

Dealer Application

