

DEALER APPLICATION

RETURN FORM TO:

LeatherLyke

Motorcycle Riding Luggage

Hoes Corporation D.B.A. LeatherLyke

P.O. Box 41, Bulverde, Texas 78163

(800) 594-2008 Fax (830) 438-3196

PLEASE NOTE: This application, when approved by our credit department, allows you to receive your order on a credit card or C.O.D. customer check acceptable basis. Your application will be kept on file to expedite all future orders. Customers requesting a C.O.D. account are required to provide proper identification for this account. You must provide a copy of state issued identification of your firm's principal or owner. Net accounts are not offered.

PLEASE PRINT OR TYPE:

FIRM NAME: _____ TELEPHONE NUMBER _____ DATE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

FRANCHISE REPRESENTED (IF ANY): _____

NAME OF PARENT COMPANY (IF ANY): _____

(C.O.D. ONLY) FIRM'S BANK: _____ ACCOUNT NUMBER: _____

OWNERSHIP: INDIVIDUAL PARTNERSHIP LIMITED PARTNERSHIP CORPORATION

STATE INCORPORATED: _____ DATE INCORPORATED: _____

OFFICERS OR PARTNER OWNERS: _____

REFERENCENCES:

| NAME OF BUSINESS | TELEPHONE | HOW LONG |
|------------------|-----------|----------|
| | | |
| | | |
| | | |
| | | |

Please fill out, sign, and fax; along with copy of state tax certificate, and form of advertisement such as yellow page ad, business card, or flyer for your dealership.

FULL NAME OF PRINCIPLE

BY: _____
SIGNATURE