



Yamaha | Honda | Kawasaki | Suzuki | Sea•Doo | Can-Am | Segway

3671 North Dixie Highway * Pompano Beach * FL * 33064 * (954) 785-2684 * (954) 785-2535 [FAX]

RIVA Racing On Line: <http://www.rivaracing.com>

Parts Dealer Application

We must receive ALL of the following from your company to qualify for Dealer Pricing:

- A completed Dealer Application
- A Copy of business or resale license
- A photograph of your business front

- A copy of your yellow pages ad or a Business Card
- Florida Dealers** must submit current copy of tax resale certificate.

PAYMENT TERMS:

RIVA Racing **does not** offer open account terms.

Payment must be made via Credit Card (U.S. Dealers ONLY), Wire Transfer, Company Check or Cashier Check/Money Order (made payable to RIVA Racing).

Business Trade Name (DBA) _____

Business Legal Name (as it appears on business license) _____

Business Street Address (Street, City, ST and Zip Code) _____ (_____) _____
Business Phone

Shipping Address (if different - Street, City, ST and Zip Code) _____ (_____) _____
FAX Number

E-mail Address _____ Web Site Address _____

Officer/Owner Name _____ Title _____

Dealer Contact (Purchaser) _____ Title _____

DESCRIPTION OF BUSINESS:

Type of Business (check one):

Sole Proprietorship

Partnership

Corporation

Are you a franchised dealer for a major manufacturer? Yes No

If yes, which manufacturer(s):

Yamaha Kawasaki Suzuki Honda

Sea-Doo Polaris Other _____

Incorporated in the state of: _____

Length of time operating under the above name: _____

Length of time at the above address: _____

Number of branches/outlets operated / managed by you: _____

INDUSTRY REFERENCES

E.G.: Suppliers in the United States that are actively distributing related industry parts to your business that you have purchased from in the previous 12 months.

Name Telephone Fax

Address (Street, City, ST and Zip Code) Account Number

Name Telephone Fax

Address (Street, City, ST and Zip Code) Account Number

Name Telephone Fax

Address (Street, City, ST and Zip Code) Account Number

CREDIT CARD PAYMENT INFORMATION (U.S. Dealers ONLY)

Name on Credit Card _____

Credit Card # _____ Expiration Date _____ CVV# _____

Billing Address _____

City, ST, ZIP _____

Telephone Number _____

This application is submitted by applicant to RIVA Racing ("RIVA") for the purpose of obtaining dealership status. RIVA reserves the right to decline dealership status to applicant and, in the event the dealership status is approved, to change or revoke applicant's dealership status on the basis of changes in dealership policies or applicant's financial condition and/or payment record. All sales of products and services by RIVA to applicants will be subject to Riva's standard sales terms and conditions as printed in the RIVA Performance Catalog in effect at the time of the order. Any variance from those terms and conditions will be effective only if agreed to in writing by RIVA prior to the time the product or services are ordered. By signing this application, applicant certifies that all information provided on this application is correct to the best of applicant's knowledge. Applicant hereby authorizes the release of credit and banking information to RIVA by the references listed on this application. After 12 mo. inactivity applicant must re-apply for dealer status.

Signed at _____ as of this _____ day of _____ 20 _____

Officer/Owner: _____
Authorized Signature Print Name – Title

Required Items with Application:

Mail completed applications to:
RIVA Racing
3671 North Dixie Highway
Pompano Beach, FL 33064
Attn: Patrick Weekley – Parts Dealer Accounts
– or –
FAX to (954) 785-2535

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