



MADIGAN MOTORSPORTS

30125 WICKERD RD. MENIFEE, CA 92584

PHONE: (951) 382-0256 Ext.102 EMAIL: DANNY@MADIGANMOTORSPORTS.COM

To become an authorized Madigan Motorsports “Dealer” we ask that you **COMPLETELY** fill out the enclosed application form and provide the additional information requested below. This ensures that our *exclusive dealer programs* go to qualified businesses **ONLY**. Upon approval you will receive an Madigan Enterprise will establish a dealer number for your account and issue you a dealers login and password.

The following items are required and will help us qualify your application:

- 1) Must be a Motorcycle/ATV/UTV franchise dealer and/or accessory/repair dealer
- 2) Operate on a Full-time basis at a permanent business location
- 3) Send photos of your store front & interior of facility to DANNY@MADIGANMOTORSPORTS.COM
(residential locations do not qualify)
- 4) A copy of your city/county/state business license
- 5) A copy of retail tax certificate
- 6) A completed Madigan Enterprise “Dealer Application” with the vendor information section properly filled out *(very important)*

INCOMPLETE APPLICATIONS WILL BE REJECTED

When completed please send to DANNY@MADIGANMOTORSPORTS.COM
We thank you for your interest in becoming a “Dealer” for Madigan Motorsports. You will receive a confirmation email once you are approved.



MADIGAN MOTORSPORTS DEALER APPLICATION

BUSINESS INFORMATION

* REQUIRED INFORMATION *

BUSINESS NAME:

COMPANY COMPOSITION:

CORPORATION STATE:

STREET ADDRESS 1:

STREET ADDRESS 2:

CITY:

STATE:

ZIP:

TELEPHONE:

FAX:

AT PRESENT LOCATION SINCE:

PROPERTY: LEASED / OWNED

FEDERAL TAX ID #:

URL:

BUSINESS LICENSE #:

RESELLER #:

ARE YOU A FRANCHISE: YES / NO

IF SO WHICH: UTV / ATV / MOTORCYCLES / ALL

OWNER INFORMATION

NAME:

ADDRESS 1

ADDRESS 2

CITY:

STATE:

ZIP:

TELEPHONE:

EMAIL:

ACCOUNTS PAYABLE

A/P CONTACT NAME:

A/P TELEPHONE #:

FAX:

A/P EMAIL:

AUTHORIZED CONTACTS/ PURCHASERS

CONTACT 1 NAME:

TELEPHONE #:

FAX:

EMAIL:

CONTACT 2 NAME:

TELEPHONE #:

FAX:

EMAIL:

BANKING INFORMATION

BANK NAME:		BRANCH:	
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE #:		EMAIL:	
TYPE OF ACCOUNT:		ACCOUNT #:	

VENDOR INFORMATION * REQUIRED INFORMATION *

VENDOR NAME:	VENDOR NAME:	VENDOR NAME:
ACCOUNT #:	ACCOUNT #:	ACCOUNT #:
ADDRESS:	ADDRESS:	ADDRESS:
CONTACT NAME:	CONTACT NAME:	CONTACT NAME:
CONTACT PHONE #:	CONTACT PHONE #:	CONTACT PHONE #:
CONTACT FAX:	CONTACT FAX:	CONTACT FAX:

Thank you for applying and for your interest in Madigan Enterprise LLC. We appreciate your patronage and we will do our best to service all accounts promptly. By signing this application, I/we hereby certify that I/we have read the above statements and, to the best of my/our knowledge and belief, they are complete, true and correct. I/we hereby authorize Madigan Enterprise LLC. to investigate the references listed pertaining to my/our credit and financial responsibility.

X _____
 PRINT NAME

 DATE:

X _____
 SIGNATURE

 DATE:



MADIGAN ENTERPRISE LLC

DEALER CREDIT CARD AUTHORIZATION FORM

The undersigned agrees that the credit card listed on this form is authorized for only the following uses by Madigan Enterprise LLC. – Parts Purchased, Shipping Charges, Restock Fees, and Refunds. There can be a percentage fee added to every transaction based off card type.

Please complete the information below:

Name / Company: _____

Billing Address: _____

City: _____ State: _____ Zip _____

Email: _____ Phone: _____

Card Holder's Printed Full Name: _____

Account Type: Visa MasterCard AMEX Discover

Account Number _____

CVV2 (3 digit number on back of visa/MC, 4 digits on front of AMEX) _____

Expiration Date _____

SIGNATURE _____ Date _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

MADIGAN ENTERPRISE LLC.

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