



## AUTHORIZED SPARTA DEALER APPLICATION

Your dealership must be a Motorcycle Dealer with a State issued Dealer License operating on a full time basis at an established permanent location.

Franchise Dealership     Independent Dealership     Manufacturer/Distributor

List all Makes: \_\_\_\_\_

Business Name: \_\_\_\_\_

Doing Business As (dba): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fed ID#: \_\_\_\_\_  Sole Proprietor     Partnership     Corporation

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Owner/Officer SS #: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years at this Location: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Sq. Ft. of Showrm: \_\_\_\_\_ M/C's in Stock per Month: \_\_\_\_\_ Service Dept.? Yes  No

GM: \_\_\_\_\_ SM: \_\_\_\_\_

F & I: \_\_\_\_\_ Title Clerk: \_\_\_\_\_

Referred by: \_\_\_\_\_

Sole Proprietor or Partnership:

Owner Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Bank references:

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_

Flooring Funding Sources (Wholesale) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funding Sources (Retail Installment Sales Contracts or Leases):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide copies of the required documents requested on the following sign up checklist with your application:**

## **Authorized Sparta Dealer Application Sign Up Check List**

- Copy of State Issued Dealer License showing you are a Retail M/C Dealer or Manufacturer
- Copy of Retail Tax License and resale card, if applicable
- Voided Business Check showing business name and address
- Copy of your Garageman's Liability Insurance Certificate naming Sparta Commercial Services as Certificate Holder
  - o Please provide copy of inventory section of policy showing evidence of property insurance.
  - o Consignment vehicles must be covered or dealer may not receive Sparta inventory vehicles.
- Copy of Dealer's Motorcycle Bill of Sale or Purchase Order Form
- Copies of State Motorcycle Titling & Registration Forms
- Dealer Contact Sheet, completed (page 4)

### For Manufacturers/Distributors Only:

- Information on product line, including specifications for each model, wholesale/retail price sheets for vehicles and accessories
- Current Balance Sheet

Fax the completed Application and supporting documents to the Sparta Dealer Services Department at: **646-514-4487**.

**Please send the Original Sparta Dealer Agreement to:**

**Dealer Services Department  
Sparta Commercial Services, Inc.  
462 Seventh Avenue, 20<sup>th</sup> Floor  
New York, NY 10018**

# DEALER CONTACT SHEET

Dealer Website Address:
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Owner/Officer Name:
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Contact Number:
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Extension:
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Fax Number:
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Email Address:
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General Manager:
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Contact Number:
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Extension:
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Fax Number:
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Email Address:
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Sales Manager:
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Contact Number:
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Extension:
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Fax Number:
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Email Address:
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F&I Manager:
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Contact Number:
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Extension:
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Fax Number:
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Email Address:
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Title Clerk:
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Contact Number:
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Extension:
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Fax Number:
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Email Address:
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