



PACIFIC POWERSPORTS, INC

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DEALER APPLICATION

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____

Phone: _____ Fax: _____ Email: _____

Ship to address: _____

Federal ID no: _____ Resale license no.: _____

MAP policies, 100% MSRP, are in place for all products.

Credit card information to be processed when your first order is placed.

