



Division of Custom Innovations, Inc.

27085 S Tallgrass Ave • Sioux Falls, SD 57108 • Phone: 605.498.0105 • Fax: 605.368.9990

Dealer Application

Legal Firm Name _____ Date _____

Doing Business As (D/B/A) _____

Street Address _____

City _____ State _____ Zip _____

Store Phone Number: (____) _____ Fax Number: (____) _____

E-Mail Address _____

Website Address _____

Billing Address, If Different _____

Federal Employee Id # _____ Zoning _____

Type Of Ownership (Check One): Individual Partnership Corporation Llc

Name Of: Owner Partner Officer: _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Personal Email: _____

Name Of: Owner Partner Officer: _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Personal Email: _____

Written Confirmation Of Name & Ownership Change Is Required. (Must Include Photos)

Date Business Started: _____

Trade Suppliers: (Powersports Related Only - Leave Blank If Brand New Business)

1. Company Name _____ Phone # (____) _____

City _____ State _____ Zip _____

2. Company Name _____ Phone # (____) _____

City _____ State _____ Zip _____

3. Company Name _____ Phone # (____) _____

City _____ State _____ Zip _____

Dealer application must include

- Copy of business license
- Copy of State tax resale certificate
- Copy of State Tax ID

Email completed application to dealers@twistedchoppers.com or fax to 605.368.9990

I hereby affirm that all of the above information is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____