



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](mailto: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: \_\_\_\_\_