



**CSR Suspension**  
**485 S County Rd 575 W**  
**North Vernon, IN 47265**

**Phone: (812) 346-8620**  
**Fax: (812) 346-4936**  
**www.csrsuspension.com**

### DEALER APPLICATION

Dealership/Service Shop Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Corporation Name \_\_\_\_\_  
 Federal Tax ID # \_\_\_\_\_ State Resale # \_\_\_\_\_  
 Parts Manager \_\_\_\_\_  
 Web Site \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Bank \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**What Motorcycle Franchise (s) do you carry?**

KTM	Dealer # _____	SUZUKI	Dealer # _____
HONDA	Dealer # _____	YAMAHA	Dealer # _____
KAWASAKI	Dealer # _____	HARLEY DAVIDSON	Dealer # _____
OTHER	Dealer # _____	REPAIR SHOP	ACCESSORY SHOP

**Do you carry the following:**

MX/OFFROAD                      ATV/UTV                      STREET-ROAD RACING

**What aftermarket distributors are you buying from?**

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

How long have you been in business as a motorcycle/accessory/repair shop? \_\_\_\_\_

Owner's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTICE:** Final approval of this application can not be given unless this form is filled out completely and accompanied by photos of the exterior and interior of your company building, listing of shop in phone directory, photocopies of company checks, and state business license.

I declare that the statements above are true and I authorize CSR Suspension to check my credit references.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Approved at CSR by \_\_\_\_\_ Date \_\_\_\_\_

Fax and/or email completed application and attachments to:  
 (812) 346-4936 - info@csrsuspension.com