



# MADIGAN ENTERPRISE LLC

27555 COMMERCE CENTER DR. TEMECULA, CA 92590

PHONE: (951) 382-0256 EMAIL: [SHAYLEE@MADIGANMOTORSPORTS.COM](mailto:SHAYLEE@MADIGANMOTORSPORTS.COM) (ADMIN)

To become an authorized Madigan Enterprise LLC. "Dealer" we ask that you COMPLETELY fill out the enclosed application form and provide the additional information requested below. This ensures that our *exclusive dealer programs* go to qualified businesses ONLY. Upon approval you will receive an Madigan Enterprise will establish a dealer number for your account and issue you a dealers login and password.

The following items are required and will help us qualify your application:

- 1) Must be a Motorcycle/ATV/UTV franchise dealer and/or accessory/repair dealer
- 2) Operate on a Full-time basis at a permanent business location
- 3) Send photos of your store front & interior of facility to [SHAYLEE@MADIGANMOTORSPORTS.COM](mailto:SHAYLEE@MADIGANMOTORSPORTS.COM)  
(residential locations do not qualify)
- 4) A copy of your city/county/state business license
- 5) A copy of retail tax certificate
- 6) A completed Madigan Enterprise "Dealer Application" with the vendor information section properly filled out **(very important)**

## **INCOMPLETE APPLICATIONS WILL BE REJECTED**

When completed please send to [SHAYLEE@MADIGANMOTORSPORTS.COM](mailto:SHAYLEE@MADIGANMOTORSPORTS.COM)

We thank you for your interest in becoming a "Dealer" for Madigan Enterprise. You will receive a confirmation email shortly.

# MADIGAN ENTERPRISE DEALER APPLICATION



## BUSINESS INFORMATION

BUSINESS NAME:

COMPANY COMPOSITION:

CORPORATION STATE:

STREET ADDRESS 1:

STREET ADDRESS 2:

CITY:

STATE:

ZIP:

TELEPHONE:

FAX:

AT PRESENT LOCATION SINCE:

PROPERTY: LEASED / OWNED

FEDERAL TAX ID #:

URL:

BUSINESS LICENSE #:

RESELLER #:

ARE YOU A FRANCHISE: YES / NO

IF SO  
WHICH:

UTV / ATV / MOTORCYCLES / ALL

## OWNER INFORMATION

NAME:

ADDRESS 1

ADDRESS 2

CITY:

STATE:

ZIP:

TELEPHONE:

EMAIL:

## ACCOUNTS PAYABLE

A/P CONTACT NAME:

A/P TELEPHONE #:

FAX:

A/P EMAIL:

## AUTHORIZED CONTACTS/ PURCHASERS

CONTACT 1 NAME:

TELEPHONE #:

FAX:

EMAIL:

CONTACT 2 NAME:

TELEPHONE #:

FAX:

EMAIL:

<b>BANKING INFORMATION</b>		
<b>BANK NAME:</b>		<b>BRANCH:</b>
<b>STREET ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>TELEPHONE #:</b>		<b>EMAIL:</b>
<b>TYPE OF ACCOUNT:</b>		<b>ACCOUNT #:</b>
<b>VENDOR INFORMATION</b>		<b>* REQUIRED INFORMATION *</b>
<b>VENDOR NAME:</b>	<b>VENDOR NAME:</b>	<b>VENDOR NAME:</b>
<b>ACCOUNT #:</b>	<b>ACCOUNT #:</b>	<b>ACCOUNT #:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>CONTACT NAME:</b>	<b>CONTACT NAME:</b>	<b>CONTACT NAME:</b>
<b>CONTACT PHONE #:</b>	<b>CONTACT PHONE #:</b>	<b>CONTACT PHONE #:</b>
<b>CONTACT FAX:</b>	<b>CONTACT FAX:</b>	<b>CONTACT FAX:</b>

Thank you for applying and for your interest in Madigan Enterprise LLC. We appreciate your patronage and we will do our best to service all accounts promptly. By signing this application, I/we hereby certify that I/we have read the above statements and, to the best of my/our knowledge and belief, they are complete, true and correct. I/we hereby authorize Madigan Enterprise LLC. to investigate the references listed pertaining to my/our credit and financial responsibility.

X

\_\_\_\_\_  
Sole Proprietor, President or other Officer's Signature(s)

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Date