



www.thunderheader.net

2008

Dear Customer,

THANK YOU for your interest in our **THUNDERHEADER™** High-Performance Exhaust Systems.

Enclosed you will find our dealer application.

Please complete our application and return it to us by Mail or Fax.

Please note; normally it takes about 10 days for us to approve you as a dealer. However you can **expedite** the procedure by including **copies of a recent invoice** from each of the two trade references you are required to list on our dealer application.

We require two major U. S. distributors that sell motorcycles and/or motorcycle parts & accessories, as trade references. Our preferences are; **HARLEY-DAVIDSON FACTORY, CUSTOM CHROME INC.(GLOBAL), DRAG SPECIALTIES and TUCKER-ROCKY**. If you are not a dealer with at least 2 of these references, you must provide 2 photos (1) of your parts department. (2) of your building showing your company name on a permanent sign), along with **two** major motorcycle distributors, which sell to you at dealer prices, and do not sell retail.

Please include a copy of your business license, resellers permit (if California) and phone book ad. Photos must show your building & company name on your permanent sign, along with a photo of your parts department.

Upon our approval, we will send you our dealer price list, & customer ID. number.

If you have any questions about your application, please don't hesitate to contact us.

Sincerely,
RICH PRODUCTS COMPANY

ps; remember to sign the application.

RICH PRODUCTS COMPANY ♦ 1041 Broadway Ave ♦ San Pablo, CA 94806
Phone: (510) 234-7547 ♦ www.thunderheader.net ♦ Fax: (510) 234-1690

DEALER

www.thunderheader.net

THUNDERHEADER™

APPLICATION

Date: _____



(For RICH PRODUCTS use only)

Number: _____

Company: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: () _____ Fax: _____
 email: _____

Approved:	<input type="checkbox"/>
Completed:	<input type="checkbox"/>
Photos:	<input type="checkbox"/>
Phone Ad:	<input type="checkbox"/>
Initial TERMS:	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH ONLY <input type="checkbox"/> PRE PAY <input type="checkbox"/> CREDIT CARD
Final TERMS:	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH ONLY <input type="checkbox"/> CASH 1ST 3 PURCHASES <input type="checkbox"/> PRE PAY <input type="checkbox"/> CREDIT CARD

Authorized Purchasers: _____
 Owner(s) Name: _____
 Home Address: _____
 City: _____
 State: _____ Zip: _____ Phone: () _____

FED. ID. # _____ or Soc.Ser. # _____

TRADE REFERENCES (2): Major distributors for motorcycles and/or motorcycle parts & accessories only. Our preferences are; **HARLEY-DAVIDSON FACTORY, CUSTOM CHROME INC, DRAG SPECIALTIES** or **TUCKER-ROCKY** (U.S. distributors only). Please note; if you are not a dealer for at least 2 of the above preferred distributors, you must provide Photos of your building showing your company name on your sign, plus photos of your parts department, along with two motorcycle distributors, which sell to you at dealer prices, and do not sell retail. **Include copies of invoices from CCI & DRAG for quick approval!**

(1) Name: _____ **Customer No:** _____
Address: _____ **Phone:** () _____
City: _____ **Fax:** () _____
State: _____ **Zip:** _____

(2) Name: _____ **Customer No:** _____
Address: _____ **Phone:** () _____
City: _____ **Fax:** () _____
State: _____ **Zip:** _____

You can expedite your dealer application process, by including a copy of a parts invoice form each of your (2) trade references, along with photo's of your building with sign, and parts department.

PAYMENT METHOD: All order are shipped COD unless pre-paid. We don't offer 30 day "open" accounts.
 Cash On Delivery (COD "cash only") Check both boxes, and we can ship your order "cash only" until we receive your bank reply.
 Company Check On Delivery.
 Prepay: (All out of country sales). Money Wire Transfer - Credit Card Visa or MasterCard.

BANK INFORMATION

Name of Bank _____
Address: _____ **Contact:** _____
City: _____ **Account No:** _____
State: _____ **Zip:** _____

I authorize RICH PRODUCTS CO. to verify the above information: **SIGNED: X** _____
 Furthermore I understand any bank charges associated with deposit verification or credit worthiness will be the responsibility of applicant. **THIS APPLICATION MUST BE SIGNED!**

PHONE
(510) 234-7547

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1041 Broadway Ave - San Pablo, CA. 94806

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