Dealer Application

Tom's Snowmobile & Service® 400 Hwy 49 Sierra City, CA 96125 530-862-1128

info@tomssnowmobile.com

Legal Firm Name:	Date:				
Doing Business As:					
Street Address:					
City:		State: Zip Code:			
Store Phone #:		Store Fax #:			
Billing Address (if different):					
UPS Zoned (Check one) Comm	nercial	Industrial	Rural	Residential	
Type of Ownership (check one) Individual Partnership Corporation				oration	
Name of Owner Partner	Offic	eer			
Home Address:					
City:		State:	Zip	Code:	
Home Phone:	Social Securi	ity#: I	Driver License	# / State:	
Seller's Permit/Registration #:	ration #: State of Registration:				
Payment Method (check one) Cre	dit Card	Company Chec	k COD	(additional charge)	
Credit Issuer (check one) Visa	Masterca	ard Am/Ex			
Credit Card #:	Exp:		Security	Security Code:	
Bank Name:	Bank Phone #:				
Bank Address:		City:	State:	Zip Code:	
Written change of ownership is required					
Store Manager:	Accessory Manager:				
Parts Manager:	Bookkeener:				

Email Application to: info@tomssnowmobile.com
Fax Application to: 530-862-1148