

# BURGARD

## Dealer Qualification Form

This form will identify you as a dealer so that we can process your orders quickly and correctly.  
(This form assures that you will receive dealer prices not available to private parties.)

**Please complete this form and fax it to Burgard Cycle at 717-225-7185.**

Name of Business		
Resale Tax Number		
Mailing Address		
City	State	Zip Code
Shipping Address		
City	State	Zip Code
Telephone Number (include AREA CODE)		Date Business Started
Brands Carried		
<b>OWNERSHIP:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____		

### IF CORPORATION:

President	Telephone Number (include AREA CODE)
Home Address	

### IF PARTNERSHIP/PROPRIETORSHIP:

Owner(s)	Telephone Number (include AREA CODE)
Home Address	

### MAJOR SUPPLIERS:

<b>1</b>	Name	
	Address	
	City	State
<b>2</b>	Name	
	Address	
	City	State
<b>3</b>	Name	
	Address	
	City	State