



[www.thunderheader.net](http://www.thunderheader.net)

**2011**

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 5 days for us to approve you as a dealer. You must include **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, and (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, and resellers permit (if California). 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,  
**THUNDERHEADER RACING PRODUCTS, INC.**

*p.s. Remember to sign the application.*

**THUNDERHEADER RACING PRODUCTS, INC.**  
1041 Broadway Ave ♦ San Pablo, CA 94806  
Phone: (510) 234-7547 ♦ [www.thunderheader.net](http://www.thunderheader.net) ♦ Fax: (510) 234-1690

**DEALER**

www.thunderheader.net



**APPLICATION**

Date: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

(For OFFICIAL use only)

**Number:**

Approved:	<input type="checkbox"/>
Completed:	<input type="checkbox"/>
Photos:	<input type="checkbox"/>
Website:	<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"/> WIRE <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. **You must include copies of invoices for approval!**

(1) Name: \_\_\_\_\_ Customer No: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Customer No: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
City: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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.  
 Credit Card (Visa or Mastercard)     Money Wire Transfer (Out of Country Sales Only)

BANK INFORMATION

Name of Bank \_\_\_\_\_  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
City: \_\_\_\_\_ Account No: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize RICH PRODUCTS CO. to verify the above information: **SIGNED: X** \_\_\_\_\_  
Futhermore 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

FAX:  
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