

JohnnyPag

MOTORCYCLES



CANADIAN DEALER APPLICATION

Johnny Pag Motorcycles' dealer program is for qualified full time retail establishments in a commercial location. We require certain information about your business to verify that the information provided is correct. Please fax all the items below to 905-286-6969:

- 1. Completed Dealer Application,**
- 2. Copy of your business license.**
- 3. PST exemption form**

We also need pictures of your business. Please email photos of your store front - outside picture(s) showing your store sign and opening hours, and inside picture(s) including show room and service area – to david@johnnypag.ca.

DEALERSHIP VERIFICATION

TO PROTECT OUR DEALERS FROM ABUSE BY PRIVATE INDIVIDUALS OR OTHER TRADES POSING AS MOTORCYCLE DEALERS, WE DO BUSINESS ONLY WITH LEGITIMATE MOTORCYCLE DEALERS HAVING A PLACE OF BUSINESS LOCATED SEPARATELY FROM YOUR RESIDENCE, BUSINESS TELEPHONE NUMBER LISTED IN THE YELLOW PAGES, AND CURRENT BUSINESS LICENSE WHERE APPLICABLE.

Johnny Pag Motorcycles strictly prohibits the selling of our motorcycles on eBay or other online auctions. The bikes are to be set-up and sold from your location. Failure to comply will result in the immediate termination of dealership.

Any incomplete information or missing items will delay review of your application.
Please direct all inquiries to david@johnnypag.ca.

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COMPANY INFORMATION

Company Name: _____

Contact Name: _____ Position/Title: _____

Phone: _____ Fax: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Email: _____

Year business established: _____ At present location since: _____

Fulltime mechanic on duty? _____ Mechanics Qualifications : _____

OWNERSHIP INFORMATION

Type of ownership: _____ Corporation _____ Partnership _____ Sole Proprietor

Owner #1:

Name: _____ Title: _____

Email Address: _____

Owner #2:

Name: _____ Title: _____

Email Address: _____

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TRADE REFERENCES: (list 3 motorcycle industry companies that you do business with)

Name: _____

Phone #: _____ City: _____ Province: _____ Postal Code: _____

Name: _____

Phone #: _____ City: _____ Province: _____ Postal Code: _____

Name: _____

Phone #: _____ City: _____ Province: _____ Postal Code: _____

TYPE OF BUSINESS (check all that apply)

_____ Franchised New Motorcycle Dealer _____ Used Motorcycle Dealer

_____ Motorcycle Parts & Accessories Store _____ Motorcycle Repair Shop

Brands carried: _____

Store Hours, Days open: _____

Parts Manager: _____ Phone # _____

What is the current size of your location:

Showroom: _____

Service Area: _____

Total Size : _____

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List any aftermarket accessory companies you currently use (kuryakyn, parts unlimited, drag specialties, etc.)

Please briefly state what you plan to do to market the Johnny Pag Motorcycles brand in your area:

How did you hear about Johnny Pag Motorcycles: _____

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ACKNOWLEDGMENTS & SIGNATURES

A. This application obligates neither the Applicant nor Johnny Pag Motorcycles to become party to the Johnny Pag Motorcycles Dealer Agreement. Costs associated with acquiring real estate options and any other investments and expenditures made by the Applicant in contemplation of a Johnny Pag Motorcycles Dealer Application and Agreement are the Applicant's sole risk and do not obligate Johnny Pag Motorcycles or any of its affiliates or representatives in any manner whatsoever.

B. The Applicant has been informed and understands that in connection with this application Johnny Pag Motorcycles may seek and obtain, from various persons and entities, information on Applicants business and professional character. The Applicant consents to the foregoing and agrees to cooperate fully with Johnny Pag Motorcycles and shall provide, or authorize the provision of, all such information to Johnny Pag Motorcycles.

C. The Applicant acknowledges that he/she submitted this application and may execute any resulting Johnny Pag Motorcycles Dealer Agreement and make any related commitments solely in reliance on the Applicant's own investigation of and judgment with respect to (1) the operation of a motorcycle business in the Applicant's market area and (2) the overall motorcycle industry, and not in reliance on any statements made or documents presented to the Applicant by Johnny Pag Motorcycles. The Applicant understands that Johnny Pag Motorcycles will rely upon all the foregoing acknowledgments.

D. After the information in this application has been reviewed by Johnny Pag Motorcycles, the Applicant may be required to provide specific and additional information deemed necessary, all of which information Applicant acknowledges shall become part of this application.

E. Any misrepresentation made in this application shall give Johnny Pag Motorcycles the right to terminate any resulting Johnny Pag Motorcycles Dealer Agreement.

I certify the above information is accurate:

Date: _____ Signature: _____ Title _____

Printed Name: _____