



DIVISIONS OF LEMANS CORPORATION

3501 KENNEDY RD. • P.O. BOX 5222 • JANESVILLE, WI 53547-5222 • PHONE 608/758-1111 • FAX 608/758-1097

Dear Valued Customer:

Thank you for your interest in our products. We are the industry's leading after-market accessory distributors. We sell directly to dealers, **not** consumers.

Required materials

To ensure quick processing of your order, please fill out the attached form completely and send with all required material to us by post or you may scan and send via email to one of the email addresses listed below. Enclose, with this application, the following:

- A copy of your **Business License** or **Government License**.
- **Photographs** of the inside and outside of your store including business sign on your building, by email.
- A **telephone directory listing**.

Catalogs

After approval of your application, you will receive an email confirmation with your new Dealer Number and a Catalog Order Form. You will be charged **\$20.00 per catalog**. These fees will be refunded after your first order. You will be able to select from the following catalogs:

Drag Specialties Fatbook & Old Book
(Specializing in V-Twins)

Parts Unlimited Street (includes Cruiser and Touring parts and accessories)

Parts Unlimited Off-Road

Parts Unlimited Watercraft

Parts Unlimited ATV

Parts Unlimited Snowmobile

Helmet & Apparel

Additional requirements

- **Initial order:** Your initial minimum stocking order must be at least **\$5,000** of "shippable" product. All accounts are required to maintain **\$7,500/yr** in annual sales. (Confirm with Sales Rep at time of Set-up).
* Initial order must be received within **30 days** of receipt of catalogs or filed dealer application.
- **Reorders:** Minimum reorder size is \$500.00 (*)
- **Terms of Payment: Pre-Payment**
- **Payment must be received within 10 days of receipt of Proforma Invoice or order will be cancelled.**
- **Method of Payment:** Visa, Master Card, Discover, Wired Funds, Irrevocable Standby Letter of Credit.
- **Shipping Options:** UPS Expedited, UPS Express, Express Saver, DHL, Bax/Global, FedEx Priority or Economy or Select an approved USA Freight Forwarder (provide address at time of order.)
- **(*) Puerto Rico:**
 - **Reorders / Minimums / Sur-Charges:** Same as Domestic Dealers
 - **Shipping Options:** UPS Red, UPS Blue, Air Parcel Post
- For further information, please contact our International Sales department.

Phone: 608/758-1111 Ext. 4990 Fax: 608/758-1097

Email: International Sales Department: internationalorders@parts-unltd.com

Revised 3-15-12



INTERNATIONAL DEALER APPLICATION



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INTERNATIONAL DEALER APPLICATION

Legal Firm Name _____ Date _____

Business Name of Store: _____

Street Address _____

City _____ Prov. / State _____ Postal Code _____ Country _____

Store Phone Number () _____ Fax Number () _____

E-mail Address _____

Website Address _____

Primary Business is in the Motorcycle, ATV, Snowmobile or Watercraft Market: Yes No

Type of Ownership: (check one) Individual Partnership Corporation

Name of: Owner Partner Officer _____

Home Address _____

City _____ Prov. / State _____ Postal Code _____

Country _____ Home Phone () _____

Social Security # _____ Driver's License # _____

Name of: Owner Partner Officer _____

Home Address _____

City _____ Prov. / State _____ Postal Code _____

Country _____ Home Phone () _____

Social Security # _____ Driver's License # _____

Written change of Name & Ownership is required.

USA FREIGHT FORWARDER	
NAME: (USA location Only)	
ADDRESS:	
CITY / STATE / ZIP:	
CONTACT NAME / PHONE #:	



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Description & type of PRIMARY business:

Accessory Store Repair Shop Other-Explain

OEM (Franchise) dealer for: Harley-Davidson Honda Kawasaki

Suzuki Yamaha BMW Ducati Sea-Doo Arctic Cat Ski-Doo Polaris

Store Hours: Open: to S M T W TH FR S Closed:

Credit Information

Form with fields for Name of Bank, Address, City, Country, Payment options, Credit card number, Expiration, Name on credit card, CVV.

Payment is required before orders are shipped. The above information is to be used for guidance purposes only. You may change method of payment at any time

Trade Suppliers that you currently order parts from (In the Motorcycle Industry):

Table with 3 rows for trade suppliers, each with fields for Company name, Contact name, Address, Phone, and Fax.



INTERNATIONAL DEALER
APPLICATION



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I hereby affirm that all of the above information is correct.

Signature _____

Date _____

Print name: _____

Please complete this application and return by mail with the other required materials to:

**LeMans Corporation
Attn: International Sales
3501 Kennedy Road
PO Box 5222
Janesville WI 53547-5222**

Phone: 608-758-1111 ext. 5642 or 5699 Fax 608-758-1097

Or you may scan all items and send via email to the address listed on first page.

Photos of business must be included with your application. Digital images can be emailed or scanned and faxed with your application (digital photos via email are preferred).

Images should include: Store Front, Store Sign on Building, Inside Display Area, Service Area and any additional images which would provide us with a better view of your store.

These photos and application will be used in our application approval process.