



1500 S. Milliken Ave., Unit E, Ontario, CA 91671 USA
Ph. (909) 949-4155 Fax (909) 266-8599
E-mail: info@TechnicalTouchUSA.com

Dear Technical Touch, USA, Inc. Applicant,

We at KYB Genuine Parts by Technical Touch USA, Inc., rely on our network of approved dealers for success. In order for this relationship to be mutually beneficial the integrity of this network is critical. To ensure this integrity we require that certain conditions be met before a new dealer is approved.

1) Qualifications:

- a) Your main business must be motorcycle oriented.
- b) Your business must be established in a commercially zoned environment.
- c) You must have a valid business license and resale permit.
- d) Your business must keep regular business hours.

2) Dealer Application Materials:

- a) A fully completed Dealer Application.
- b) **Pictures of storefront or shop.**
- c) A copy of your business license.
- d) A copy of your sales tax permit.
- e) A copy of a voided business check.
- f) Three copies of recent invoices from distributors you currently purchase from.
- g) Businesses within the state of California must fill out and sign a resale card and have it on file in order to qualify for tax exemption status.

Incomplete information will not be processed. Please take the time to read and complete all aspects of your application. After the completed application package is approved, you will be notified of your acceptance as a KYB Genuine Parts by Technical Touch, USA, Inc. dealer and will be issued a dealer number. Using this number while placing orders will help expedite your order.

3) Terms:

- a) All dealers may pay by credit card.
- b) International dealers are prepaid by either bank wire or credit card.

Thank you and we look forward to working together in the future.



KYB

Genuine Parts

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DEALER APPLICATION

Thank you for inquiring! In order to qualify, the business must be a motorcycle, kart, or accessory dealer with a state or county business license and operate on a full time basis from an established permanent location. Please supply the following information with your application: 1. Copy of a state or county business license. 2. Voided business check showing company's name and address. 3. Copy of advertising from Yellow Pages or local newspaper. 4. Three copies of recent invoices from distributors you currently purchase from. 5. **Pictures of storefront/ shop**. 6. California dealers must supply a completed resale card.

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SHIPPING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

YEARS IN BUSINESS: _____ YEARS AT THIS LOCATION: _____

FEDERAL TAX ID #: _____

CONTACT NAME(S) _____

E-MAIL ADDRESS(S) _____

CREDIT REFERENCES:

1. NAME: _____

ADDRESS: _____

CONTACT NAME & PHONE # _____

2. NAME: _____

ADDRESS: _____

CONTACT NAME & PHONE # _____

3. NAME: _____

ADDRESS: _____

CONTACT NAME & PHONE #: _____