

# CLARKE MANUFACTURING CO. INC. NEW DEALER APPLICATION



13388 S.MOLALLA FOREST RD  
MOLALLA, OR 97038  
PHONE (503) 829-2156 FAX (503) 829-6269  
1-800-232-2002  
[sales@clarkemfg.com](mailto:sales@clarkemfg.com)

We are happy to extend the opportunity for your business to establish an account with The Clarke Manufacturing Co. Inc.

**LEGAL COMPANY NAME:** \_\_\_\_\_

**DBA** \_\_\_\_\_

**BILL TO ADDRESS :** \_\_\_\_\_

**SHIP TO ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF BUSINESS:    M/C     PARTS & ACCESSORIES ONLY     ATV     SERVICE

**OWNERS INFORMATION:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

BANK NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ CHECKING ACCOUNT # \_\_\_\_\_

**TRADE REFERENCES:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please complete the application and provide the following documentation:

- Copy of a Business License and or Tax Id. Showing you are in the Motorcycle and or ATV Business.
- Copy of a yellow page ad or copy of yellow pages contract (for new business)
- Copy of a cancelled receipt from any of the large parts stores.

**THIS INFORMATION MAY BE FAXED, MAILED OR E-MAILED TO THE CLARKE MANUFACTURING CO.**