Account Consideration F		ΓΕS				
Please complete this form (we recommend using Google your changes and email the completed form to hayden@			PORTS			
Business name:		Whites Powerspor	ts Limited			
Type: Limited Company Partnership	Sole Trader	(choose one). GST registered: Yes	No			
Directors/operators names						
1)		Phone:				
2)		Phone:				
Commercial Address						
Years in business or if new business, how many years' experience in the motorcycle Industry						
Franchises held:						
Accounts held with other Powersports part and accessory suppliers						

Estimated/planned annual spend on Motorcycle parts and accessories \$				
Estimated monthly/annual spend with Whites Powersports \$	p/mth	\$	ра	
Tell us more about your business:				

Conditions of this application

Our minimum criteria for consideration for an account are as follows;

- 1) Business is full time, open normal trading hours, fits within the Motorcycle industry and is the primary source of income for the owner/operator
- 2) Business is operated from suitable/approved commercial premises or a good quality, professionally sign written service vehicle, generally supported by an acceptable/approved workshop. (please supply images)
- 3) GST registered and advertised in a commercial style, sign-writing, yellow pages, business directory, web page etc.
- 4) Business levels will meet or exceed Whites required spend thresholds to gain and maintain a wholesale account. An initial qualifying order may be required.

NOTE: Completion of this form and/or a Whites Powersports Ltd account application form and/or meeting the listed minimum criteria for consideration of an account does not automatically mean that an account will be approved. Final sign off and approval to grant an account remains with Whites Powersports management who may decline any application regardless of its merits and meeting the above criteria.

I/ we in requesting an account with Whites Powersports Ltd confirm that our business complies with all conditions of this application, and I/we understand and accept that Whites Powersports Ltd may choose not to allow an account and that if declined, no reason for that decision needs be given by Whites Powersports Ltd.

Name:

Signature (Ticking Box qualifies as electronic signature):

Date / /20 E-mail address:

NOTE: Further to the above information we may request a visit from our local territory manager when they are next in the area. This would need to take place before the application goes any further.

For Office Use:



Request form approved: Yes No						
Account application form sent: Yes No						
Completed Account Application form received: Yes No						
Account opened: Date	/	/	Credit limit or special terms			
PPSR processed: Date	/	/				
Account review: Date	/	/				