

DISTRIBUTIONS SCOOTERTUNING

Dealer Application

Return completed form to:

Distributions Scootertuning
438 boul. Jacques Cartier SUITE 202
Shannon, QC, Canada
G0A 4N0

Or Email signed form to info@scootertuning.ca

Organization

BUSINESS NAME (LEGAL NAME)

BUSINESS NAME (TRADING AS)

BILLING ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE

SHIPPING ADDRESS (IF DIFFERENT THAN BILLING)

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE

CONTACT NAME

CONTACT EMAIL

WEBSITE URL

Type of Business

TYPE OF BUSINESS

☐

SOLE PROPRIETOR

☐

PARTNERSHIP

☐

CORPORATION

YEARS IN BUSINESS

REGISTERED STATE

TAX NUMBER (FEDERAL)

TAX NUMBER (PROVINCIAL)

Owners

NAME

TITLE

HOME ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE

NAME

TITLE

HOME ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

PHONE



Distributions Scootertuning

438 boul. Jacques Cartier SUITE 202
Shannon, QC, Canada
G0A 4N0

1-866-770-1214

www.scootertuning.ca
info@scootertuning.ca

Trade References

TRADE REFERENCE NAME	CONTACT	TELEPHONE
TRADE REFERENCE NAME	CONTACT	TELEPHONE
TRADE REFERENCE NAME	CONTACT	TELEPHONE

Bank Information

BANK NAME	ADDRESS
BANK CONTACT	CITY, PROVINCE, POSTAL CODE
PHONE	ACCOUNT #

Certification

I, the undersigned hereby certify that all the information provided is correct and true.	
BY NAME / TITLE	SIGNATURE
DATE	



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