



# Dealer Application

Leader of the Three World

### Contact Information

Today's Date:

Company Name

Federal Tax ID #

DBA Name

Address

City

State/Province

Zip/Postal Code

Dealer Principal Name

Position/Title

Telephone Number

Toll Free Number

Fax Number

Contact E-mail Address

Website Address

Name & position of the person who will be the primary contact for Lehman Trikes

### Current Business Information

Corporation  Limited Liability  Proprietorship  Partnership  Subchapter  Other

Are you an OEM Franchised Dealer?  Yes  No

OEM Brands Carried \_\_\_\_\_

Days & Hours of Business

Years in Motorcycle Business

Years at Current Location

Hourly Service Rate

Annual Sales Revenue

Annual Service Revenue

Number of Full Time Employees

Number of Part Time Employees

Name of general insurance company (*garage liability policy*)

Renewal Date

Does your garage liability insurance policy cover you for customer demo rides?  Yes  No

Amount of floor plan financing credit available

Name of floor plan finance company

### Other Information

What Lehman Trikes inventory do you intend to carry?  Harley  Honda  Suzuki  Victory

Other Trike brands you intend to carry?

Have you ever sold trikes in the past?  Yes  No

---

Showroom area available for Lehman Trikes?

---

Space for outside signage (sq. ft)

Space for inside signage (sq. ft)

---

First 12 Months projected Trike sales (kits & trikes)

# of Lehman Trikes to display in showroom

---

Names of people to be certified factory trained installer(s), if Honda or H-D installers:

---

List the companies you currently represent in your F&I department:

Retail Financing

Insurance

Warranty

---

Tell us about your dealership (include why you want to carry Lehman Trikes, how you plan to market our trikes, etc.)

---

**PROVIDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- Copy of Motor Vehicle Dealers License
- Certificate of Liability Insurance
- Copy of State Retail License
- Photo of Showroom
- Photo of Service Department
- Exterior Storefront Photos

---

Name of Applicant

---

Signature of Applicant

---

Title

---

Date

---

**Submit Application To:**

Lehman Trikes | ATTN: Business Development  
125 Industrial Drive | Spearfish, SD 57783 | Fax: 605-642-1184 | e-mail: sales@lehman3.com

Important notice: Applying for an Authorized Lehman Dealership or simply meeting dealer standards does not imply acceptance. Authorized Dealership is granted at the sole discretion of Lehman Trikes USA, Inc. Incomplete applications will not be considered.

If you have any questions please contact our Dealer Development team at 605-642-2111.

Thank you for your interest in Lehman Trikes!