

PPM Custom, Inc.

336-434-5243 - Fax 336-434-5530 - [www.ppmcustom.com](http://www.ppmcustom.com)  
- [info@ppmcustom.com](mailto:info@ppmcustom.com)

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#### New Dealer Qualifications

PPM Custom, Inc has revised its dealer network requirements. The following requirements must be met in order to qualify for discounts.

**All past dealers must resubmit these requirements.**

#### Store Front Retailers:

1. Picture of your store front.
2. Picture of the inside of your store.
3. Copy of Federal Tax I.D. certificate.
4. Minimum \$1,200 per order. (not initial order)
5. Certified Check or Credit Card with 3% surcharge on total charge. (No company check)

#### Internet Retailers:

1. Provide link to your website.
2. Copy of Federal Tax I.D. certificate.
3. Minimum \$1,200 per order. (not initial order)
4. Certified Check or Credit Card with 3% surcharge on total charge. (No company check)

There are no exceptions to these rule.

(Orders under \$1,200 will be at PPM's new retail price)[]

#### Reasons for our policy change:

Dealers are not stocking our products on their shelves. This is one goal we wanted from our dealer network. Dealers are only purchasing items when

customers request the part. Our experience with our store is that walk-in customers purchase additional products when they see them on the shelves. We witness a drop in sales when we closed our store to concentrate on manufacturing products.

Due to the internet, worldwide sales have been made easier. There is no reason for our products to be in distributor's catalog (Parts Unlimited, etc.) in order to reach a wide dealer and customer base.

We feel with this policy, you as dealers will have an increase in sales and will be able to service your customer better. We will all better profit in the long run.

**Orders must be placed by phone or sent by email to [info@ppmcustom.com](mailto:info@ppmcustom.com)**

Thank You



112 School Rd. | Trinity, North Carolina 27370 (USA)  
Telephone: 336-434-5243 | Fax: 336-434-5530  
www.ppmcustom.com | info@ppmcustom.com

**FAX OR MAIL THIS COMPLETED FORM TO PPM**

**Note: we request that you NOT submit this form or other required dealer information until you are prepared to place your first order with PPM Custom.**

Business Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website URL \_\_\_\_\_ Email \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parts Manager \_\_\_\_\_

Starting Date of Business \_\_\_\_\_

As:  Proprietorship  Partnership  Corporation

Shop Hours \_\_\_\_\_ to \_\_\_\_\_ Circle Days Open: S M T W T F S

**Current brands carried by your business:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Dealer Numbers for above brands:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

If you are not a Motorcycle franchise, please describe your business activities:

State resale number or tax exempt ID number: \_\_\_\_\_

**Distributors you currently buy from:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Bank Name \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name/Position of Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*FOR OFFICE USE ONLY\* \_\_\_\_\_ OK'D DATE \_\_\_\_\_ DEALER # \_\_\_\_\_