



DEALER FORM

Please complete this form and return by e-mail to shelley@buddybike.com or by fax to 305.932.6585.

BIKE SHOP/CO. NAME _____

FIRST NAME/LAST NAME _____ TITLE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

SHOP PHONE _____ SHOP FAX _____ CELL PHONE OR OTHER _____

WEB SITE _____ E-MAIL _____

RESELLER CERTIFICATE NO. *(Shops in CA & FL must provide a copy of the Reseller Certificate)* _____

WHAT DOES YOUR SHOP OFFER? (check all that apply):

- SHOP OFFERING BIKE SALES
- ONLINE SALES ONLY
- BIKE RENTALS
- BIKE TOURS
- ADAPTIVE CYCLING
- ADAPTIVE CYCLING ACCESSORIES
- OTHER _____

HOW WERE YOU REFERRED TO BUDDY BIKE?

- TRADESHOW/EVENT
- INTERNET SEARCH
- CUSTOMER
- ADVERTISEMENT – WHICH PUBLICATION? _____
- MAILING
- OTHER _____

DO YOU PLAN TO PURCHASE A BUDDY BIKE FOR YOUR SHOP? YES NO

WILL YOU BE ABLE TO ADD A BUDDY BIKE PRODUCT LISTING TO YOUR WEB SITE? YES NO

OFFICE USE ONLY

REC'D BY _____ DATE REC'D _____ DATE COMPLETED _____

NOTES: _____

