

NEW DEALER/DISTRIBUTOR APPLICATION

DATE _____

Company Name:* _____

Address:* _____

City:* _____ State:* _____ Zip:* _____

Phone:* _____ Fax: _____ Email: _____

Owner's Name:* _____ Buyer's Name: _____

Type of Business : Dealer Distributor

[for the Distributor]

How many network do you have? _____ Sales manpower _____

Sales portion domestic & export

Do you have Accessories (Racing Suits, Cloth, Luggage, Glove) market structure with another brand.?

Yes No

If Yes, Which brand? _____

If you know, Let us know market volume and Maker's market share with their brand.

Target market with RS TAICHI products High end Middle low

Overall sales plan of RS TAICHI products _____

Your target introduction timing of RS TAICHI products _____

What models of us would you like to introduce at first year? _____

[for the Dealer]

If you are any franchise motorcycle dealer (FACTORY AUTHORIZED), Which brand you deal?

BMW Ducati Honda Yamaha Triumph Buell Harley-Davidson
Honda Kawasaki Polaris Suzuki Yamaha

Independent Shop

Parts Accessories Repair Others _____

CONFIDENTIAL : This information helps RS TAICHI determine the size of line of credit

Accessories Sales Volume:	_____
Annual Sales Volume :	_____
Sales Volume Expectation for a years.	_____

Please fax number +81. 72. 874. 3385 / or e-mail to taichi@rs-taichi.com