**DEALER PROMOTIONAL PROGRAM, CANADA**

**For credit related questions please call Genumark Julie Barbieri 416 498 2823**

# CREDIT APPLICATION

**Genumark – Harley-Davidson® Dealer Promotional Program**

shopgenumark.com/harleydavidson **RETURN: Fax: 416 494 0137**

**email:creditrequest@genumark.com**

Preprinted credit information containing the information below will be accepted. If providing preprinted information please sign credit application.

Dealer #: _____ Dealership Legal Name _____

H-D DBA Name: _____

Your Name _____

Title: _____

Billing Address: _____

City _____ Province _____ PostalCode _____ Country _____

Phone: _____ Fax: _____

email address: _____

Name of A/P Contact: _____ A/P Phone: _____

A/P FAX: _____ A/P Email: _____

☐ I have attached a list of three trade credit references and a bank reference.
If the credit information is available via a website URL please provide the website URL where such information may be obtained: _____

**ON-LINE ORDERING**
List any LogonID's which have already been created at shopgenumark.com/harleydavidson to be billed to this account. To create a login ID click on 'Login' and register as a New User.

LogonID: _____ Name of User: _____

*APPLICANT/BUYER'S REPRESENTATION:*
*The undersigned agrees that they are to submit this Application for Credit on behalf of the Company named above and authorizes Genumark to check the Company's bank and credit references to obtain such information as required to approve this Application for Credit. The undersigned further agrees, should credit be extended to the above company, payments will be made in accordance with the terms set forth on invoices by Genumark. The company will pay all sums when due to Genumark. The Company agrees to pay interest at 18% annually for all amounts past due. In the event of non-payment, it is agreed and understood that the Company will reimburse Genumark for all collection costs incurred by Genumark including court costs and actual attorney's fees. I further represent that the Company has the financial ability to pay all invoices according to Genumark's payment terms.*

_____ _____
Print Name of Authorized Person Title

_____ _____
Signature Date

**Genumark, 707 Gordon Baker Road, Toronto, Ontario M2H 2S6**

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