



Specialty Vehicles
INTERNATIONAL LLC

DURA CLUTCH

DEALER APPLICATION FORM

Polaris Dealer Number: _____

Dealer Name: _____

Dealer Principal: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____

Fax Number: _____

Parts Department

Contact: _____

Email: _____

Service Department

Contact: _____

Email: _____

Sales Department

Contact: _____

Email: _____

Payment Information

Card Type: MC _____ DISC _____ VISA _____

Card Number: _____

Expiration: _____

Security Code (3 digit code on back of card): _____

Please fax form to: (218) 963-4402 OR Email to: brent@polarisconvesions.com