Authorized Tool and Equipment Program

Harley-Davidson Authorized Tool and Equipment Program Order Form

TO ORDER:
- **Fax: 1-800-892-9651**
- **Call: 1-877-HDEQUIP (433-7847)**

Dealer Number ☐☐☐☐ Date _____

SHIP TO:

Name _____

Address _____

City/State/Zip _____

Attn. _____ Purchase Order # _____

Tel # _____ Resale ☐ Yes ☐ No

Fax # _____

Payment Options (check one)

**** Required to process order ****

☐ **Bill direct, net 30 days.**

☐ **Finance through Equipment Solutions or leasing company of your choice.**

☐ **Cash or Company Check.**

☐ **Credit Card** ☐Mastercard ☐Visa ☐American Express ☐Discover

Account #: _____ Expiration Date: ___/___

QTY.	MODEL NO.	DESCRIPTION	PRICE	EXT. AMT.

Sub-Total	
**Estimated* Freight	
**Estimated* Installation	
*Taxes	
Total	

* Domestic inland freight and installation charges plus any applicable taxes, when not included in the purchase price, will be added to the equipment price and included as part of the amount billed or financed through Harley-Davidson/Equipment Solutions.

For HD/EQS Use Only Date

Dealers must ensure that the necessary unloading devices (fork lift, tow truck, etc.) are available when the equipment is delivered.

Please be advised that Harley-Davidson Motor Company makes no expressed warranties or implied warranties of fitness for a particular purpose or merchantability on this equipment. Only warranty is that supplied by the manufacturer.

X _____

Authorized Dealer Signature Date

(SIGNATURE REQUIRED TO PROCESS ORDER)

☐ Service Manager ☐ Owner

☐ Parts Manager ☐ Other _____

X _____

Seller Signature Date

Revised 11/01