



Name _____
FIRST MIDDLE INITIAL LAST SUFFIX

Address _____

City _____ State _____ ZIP _____

Phone () _____ Age _____ M F

E-mail _____

- Yes, I would like to receive additional information periodically regarding Harley-Davidson®/Buell® products and services.

THE INFORMATION REQUESTED BELOW IS OPTIONAL:

Do you currently own a motorcycle?

Yes, a _____
LIST BRAND

No, never owned.

No, but I used to own a _____
LIST BRAND

Engine size? More than 650cc Less than 650cc

What is your primary riding interest? (Check only one.)

- Commuting Social Performance
 Travel/Touring Customization

Do you have a motorcycle license? Yes No

When do you expect to make a motorcycle purchase?

- Less than 3 months 3-12 months Over a year

Ready for a Harley test ride? Yes No