

Dealer Application

Business Information

Business Name: _____ Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Website: _____ Email Address: _____

Type of Business: Car Dealer | Speed Shop | Retail Store | Wholesaler | Service Center
Ownership: Sole Proprietor | Partnership | Corporation | Limited Liability Company

If Sole Proprietor or Partnership, Owner(s) Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
If Corporation or LLC, CEO/President Name: _____

Resale Permit No. _____ Business License No. _____
Forms of Advertising: _____
Current Location: _____ Years _____ Mos. Time in Business: _____ Years _____ Mos.
Installation Facility: Yes No Show Room: _____ Sq. Ft. Warehouse: _____ Sq. Ft.
No. of Employees: _____ Hours of Operation: M-F _____ Sat. _____ Sun. _____

Bank Information

Bank Name: _____ Phone: _____
Address: _____
Account Rep: _____ Account No.: _____

Trade References

Name of Business: _____ Account Rep: _____
Address: _____
Phone: _____ Fax: _____
Terms: _____ Since: _____

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Address: _____
Phone: _____ Fax: _____
Terms: _____ Since: _____

Name of Business: _____ Account Rep: _____
Address: _____
Phone: _____ Fax: _____
Terms: _____ Since: _____

Name of Business: _____ Account Rep: _____
Address: _____
Phone: _____ Fax: _____
Terms: _____ Since: _____

Principle Name: _____

Principle Signature: _____ Date: _____

You may mail or fax this application. You must include at least **TWO** of the following when submitting your application:

- A COPY OF YOUR BUSINESS LICENSE
- A COPY OF YOUR STATE SALES TAX CERTIFICATE
- A COPY OF A YELLOW PAGE OR LOCAL PHONE BOOK LISTING
- A COPY OF AN ADVERTSIMENT FROM ANY TRADE MAGAZINE