



7409 Slater Ave Huntington Beach, CA 92646  
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# DEALER APPLICATION

Please fill out this form completely and clearly. All information will be held in the strictest confidence.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     )     -     Fax Number: (     )     -

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business:      Individual      Partnership      Corporation

Years in Business: \_\_\_\_\_ Owners Name: \_\_\_\_\_

Sales Manager: \_\_\_\_\_ Purchasing Agent: \_\_\_\_\_

Type of Products Sold:      Truck      Buggy      Fabrication

Offroad Racing      Street      Other

If Other, Explain: \_\_\_\_\_

Expected Purchases: \$ \_\_\_\_\_ .00      Monthly      Yearly

If in CA, State Resale License Number: \_\_\_\_\_

Sales Types:      Retail      Mailorder      Internet      Distributor

References:

Company	Product Types	Phone Number
		(     )     -
		(     )     -
		(     )     -

*The above information is submitted for the purpose of opening an account and I do hereby certify this information to be true and correct to my knowledge.*

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**INTERNAL USE ONLY**

Approved By: \_\_\_\_\_ Account #: \_\_\_\_\_ Sales Level: \_\_\_\_\_