



DEALER APPLICATION

583 S. Center Street
Turlock, CA. 95380
Phone: (209)664-0207

COMPANY INFORMATION

Name of Company _____

Bill To Address _____

City _____ State _____ Zip Code _____

Ship To Address _____

City _____ State _____ Zip Code _____

Primary Phone No. _____ Secondary Phone No. _____

Fax No. _____ Email _____

Website _____ Manager _____

Resale Permit Number _____

Authorized Personnel to Purchase _____

Type of Business _____

TRADE REFERENCES

1st Company Name _____ Phone _____

Contact Person _____ Fax _____

Payment Terms _____ Dealer No. _____

2nd Company Name _____ Phone _____

Contact Person _____ Fax _____

Payment Terms _____ Dealer No. _____

OWNER'S INFORMATION

Name _____ Phone _____

Home Address _____

This application WILL NOT be approved without photocopies of your business license & Yellow Page AD. CA Cusomers must also complete the Resale Certificate.

Please Fax **209-664-0209** / Email **info@sinisterwheel.com** all the completed items to us, upon review you will be assigned a Dealer Number. Catalog and Price lists will be mailed once your account has been setup.

WWW.SINISTERWHEEL.COM