



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 photocopy of your business license & 2 Photos of your storefront. CA Customers 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.

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