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 <u>WILL NOT</u> be approved without photocopy of your business license & 2 Photos of your storefront. <u>CA Customers</u> must also complete the Resale Certifcate.

Please Fax ***<u>209-664-0209</u>*** / Email ***<u>info@sinisterwheel.com</u>*** 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.

<u>W W W . S I N I S T E R W H E E L . C O M</u>