

Racing Innovations, LLC Presents:



3744 Swoboda Road • Verona, Wisconsin 53593
(608) 225-1495 Fax (866) 584-2566

NEW DEALER APPLICATION

Date _____

Business or Corporate Name _____ (Area Code) Phone Number _____

Fax Number _____ E-Mail Address _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Sales Tax Number _____ Contact Person _____

Your Business Information

Sole Proprietorship Partnership Corporation State and date of Incorporation _____

Is Business a Subsidiary? No Yes Franchise? No Yes If yes, name parent or franchiser _____

Business Hours _____ How Long in Business? _____ yrs.

Own Building Rent Building If Rent, Name of Landlord _____ Phone _____

of Employees _____ Expected Monthly Purchases from Stackstands \$ _____

Accounts Payable Contact _____

Is Your Inventory Used for Collateral? No Yes If Yes, Name of Lender _____

Please list other manufactures or parts suppliers that you use. (List at least 2)

1) Business Name & Contact Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number. _____

Fax Number _____

2) Business Name & Contact Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number. _____

Fax Number _____

3) Business Name & Contact Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number. _____

Fax Number _____

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Describe your target customers (i.e. Racers, General Automotive, Other Distributors, etc.): _____

Describe how you sell (Retail Store, Trailer at Track(s), via Internet, Mail Order, etc.) & Any Comments: _____

NOTE:

- 1.) Applicant's signature attests financial responsibility, willingness and ability to pay our invoices in accordance with the payment terms which may be granted and in accordance with Racing Innovations, LLC. published terms and policies as may be revised from time to time.
- 2.) A service charge of \$50.00 will be charged on any returned check. If a check is returned for any reason, the account may be placed on cash only.
- 3.) Applicant also assumes responsibility for all bills contracted in his name at the designated address, and, if required to collect delinquent accounts, all collection agency, attorney expenses and court costs.
- 4.) The information given herein is for the purpose of obtaining an account and is warranted to be true.
- 5.) I/We understand that completion of this application does not constitute an offer to sell or an authorization to buy from Racing Innovations, LLC.
- 6.) I/We hereby authorize Racing Innovations, LLC. to investigate the references listed. I/We have read and fully understand the above.

Signature _____ Date _____

Title _____ Firm Name _____

Please Sign Here for Credit Card Terms

Please Sign Here for Certified Check / Money Order Terms

Signature _____ Date _____

Signature _____ Date _____

Please Complete for Check Approval Terms

I (we) have completed this portion of the application to obtain acceptance of company check for C.O.D. delivery, and certify that all statements contained thereof are true and correct. I (we) agree that credit inquiries may be made by contacting references or the credit bureau and authorize the release of such information to you. I (we) also understand and agree that the grantor may add legal rate of interest per month to any balance not paid. I (we) also agree, in the event of default, to pay reasonable collection charges, attorney fees, NSF fees, and court costs where applicable.

Name of Business Owner (Printed) Signature Date

Bank Name Checking Account Number Bank Fax Number (Required)