



8311 Chetle Avenue
 Santa Fe Springs, CA 90670
 Phone: 562-945-1098
 FAX: 562-945-4468

DEALER APPLICATION

Thank you for your interest in our products. To qualify as a Dealer, FAX or mail **all** the following items:

- > Business license if required in your area
- > Letterhead or business card
- > Yellow pages or industry publication ad
- > Your company check (marked "void")
- > State Resale Tax Form (*California business only*)

Please provide the following information about your company:

Company name _____

Mail address _____
 # & Street City State Zip

Shipping address _____
 # & Street City State Zip

Phone _____ FAX _____ e-mail _____

Person(s) authorized to order _____

What does your business do? (Please be specific) _____

Year Established _____ Product Name(s) _____
 Franchise Dealer? Yes No

TYPE of BUSINESS:
 Sales
 Service
 Parts
 Manufacturer
 e-mail/Web Sales

OWNERSHIP:
 Corporation
 Partnership
 Proprietorship
 Individual

PRODUCT APPLICATION:
 Automotive Motorcycle/ATV
 Industrial Engines Personal Watercraft
 Truck Snowmobile
 Compressor Outboard/Marine
 Other (Specify)

SURVEY:

Do you do your own machining? Yes No
 Lathe Mill Boring Bar
 If yes, which of the following are used in your shop?
 Porting Equipment

REFERENCES:

Dealer#	Company Name	Mail Address			
City	State	Zip	Phone	FAX	e-mail
Dealer#	Company Name	Mail Address			
City	State	Zip	Phone	FAX	e-mail
Dealer#	Company Name	Mail Address			
City	State	Zip	Phone	FAX	e-mail

Place your first order any time after providing the above items and information. Your customer number will be shown on your first invoice.