

7320 Estates Road, Reno, Nevada 89506 775.848.9860 EmailGoRacin@aol.com

## Wholesale/Dealer Application

<b>Business Legal Name</b>	·		
Business Trade Name			
Business Address			
City/State/Zip			
Telephone:	( )	Email:_	
Website(s)			
Type of Business	CorporationLLC_	Partnership	Sole Proprietorship
Shipping Address:			
City/State/Zip:			
Contact Name & Title			
Authorized Buyer(s)			
	ompany Contact Person		
Business Activities/Yea	rs in Business		
ALL orders must be pai	d by credit card prior to ship	ping, No Checks (pers	onal or business) or C.O.D.'s
Credit Card Type Ad	ccount Number Expiration	Security Code N	
Billing Address			
Applicant MUST submit	t valid <i>Business License</i> and	l Reseller Permit	
DEALERS they may sell to truthful, to best of their known	<ul> <li>By submitting application, the owledge. The undersigned furth ESELLING the products and th</li> </ul>	e undersigned certifies th ner understands that an a	outlets and extends through any/all at all information is accurate and agreement is strictly offered to c reserves the right to reject the
Signature		Title	
Printed Name		Date	WA 8718