



Dealer Application

DATE: _____

COMPANY NAME: _____

DBA: (if applicable) _____

CONTACT NAME: _____

WEBSITE: _____ EMAIL: _____

BILL TO ADDRESS:

STREET P/O BOX: _____

CITY: _____ STATE: _____ ZIP: _____

SHIP TO ADDRESS: Attach additional sheet if different than bill to address.

TYPE OF ORGANIZATION: _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

PHONE: _____ FAX: _____

TAX ID #: _____ RESALE LICENSE #: _____
(Please provide photocopy)

TRACKSIDE VENDOR? ____ YES ____ NO If yes, please list locations: _____

BUSINESS/TRACKSIDE TRAILER PHOTO INCLUDED? ____ YES ____ NO

ANNUAL RETAIL SALES: \$ _____

YEAR ESTABLISHED: _____

Do you publish a catalog? (If yes, please send copy) ____ YES ____ NO

TYPE OF ACCOUNT APPLYING FOR:

DEALER : Parts Only

DEALER: Parts & Chassis

OTHER: _____

CURRENT DEALER LINES: _____

DEALER REQUIREMENTS: Minimum order: \$150.00 or minimum quantity per product.

PAYMENT: Payments are due from date of invoice not on receipt of good. Upon approval of credit, terms are NET 30 days. We reserve the right to revoke credit privileges if terms are not meet.

PAYMENT TERMS APPLYING FOR: (Please check preferred method)

- PREPAY (Invoice quote will be supplied. Products shipped once payment is received)
- NET 30
- VISA / MC / DISCOVER
(A 3.5% surcharge fee will be added to invoice total for this payment method)

CREDIT CARD # _____ - _____ - _____ - _____

EXP DATE: _____ CCV: _____

CARDHOLDER NAME: _____

CREDIT CARD BILLING ADDRESS: Attach additional sheet if different than bill to address.

I would like your credit card information held on file: _____ YES _____ NO

I hereby authorize Medieval Metalwerx, LLC to charge orders to my credit card.

SIGNATURE OF CARDHOLDER: _____

BANK INFORMATION:

ACCOUNT: _____ BANK: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

By signing below, I certify the information in this application to be true and authorize Medieval Metalwerx to contact the references provided for purpose of obtaining credit. In the event that this account is placed for collection, we agree to pay, in addition to the amount owed, all collection fees, court costs and reasonable attorney fees.

_____ Date _____