

RACING BRAKES USA DEALER APPLICATION

BUSINESS MUST BE PRIMARILY OPERATING IN THE POWERSPORTS INDUSTRY WITH REGULAR BUSINESS HOURS OR PROVIDING TRACKSIDE SERVICE

Legal Firm Name _____ Date _____

Doing Business As (DBA) _____

Street Address _____

City _____ State _____ Zip _____

Store Phone Number: (____) _____

E-mail Address _____

Website Address _____

Billing Address, if different _____

Shipping Address, if different _____

Federal Employee Id # _____

Type of ownership (check one): Individual Partnership Corporation LLC

Name of: Owner Partner Officer: _____

Parts Manager _____ Bookkeeper _____

Current Trade Suppliers: (Powersports Related Only - leave blank if Brand New Business)

1. Company Name _____ Phone # (____) _____

City _____ State _____ Zip _____

2. Company Name _____ Phone # (____) _____

City _____ State _____ Zip _____

3. Company Name _____ Phone # (____) _____

City _____ State _____ Zip _____

I hereby affirm that all of the above information is true

Signature: _____ Date: _____

Print Name: _____

Please email completed form to racingbrakes@gmail.com