



601 Del Norte Blvd, Suite N, Oxnard, CA 93030

www.KingRacingUSA.com Tel (805) 278-7200 www.MySpace.com/KingRacingUSA

Dealer Application

For prompt service please fax completed dealer application to (805) 278-7278

Company Name _____

Mailing address _____

City _____ State _____ Zip Code _____

Store Phone # _____ Store Fax # _____

Store Website _____ Store Email _____

Contact _____ Title _____

Type of Business Sole Proprietorship Partnership LLC Corporation

Federal Tax I.D. # _____

State Resale # _____

(Please include a copy of your state resale license)

Year in Business _____

Which of the following method of payments do you wish to use : (Check all that apply)

Credit Card (MC/Visa only) Company Check Direct Deposit Money Order

Owner/Officer Name 1 _____ Title _____

Phone # _____ Email _____

Owner/Officer Name 2 _____ Title _____

Phone # _____ Email _____

Bank Name _____

Mailing address _____

City _____ State _____ Zip Code _____

Account # _____

Contact _____ Phone # _____

Vendor Name 1 _____ Account # _____ Phone # _____

Vendor Name 2 _____ Account # _____ Phone # _____

Vendor Name 3 _____ Account # _____ Phone # _____

By signing this application you state that all the above is true and that you have read and agree with the terms and conditions of King Racing USA and will abide by them if approved by King Racing to become an Authorized Dealer.

Signature _____ Title _____ Date _____

