

Date \_\_\_\_\_

# Dealer Application

Racing Suspension Products, Inc.  
12 Davidson Road - Colchester, CT 06415  
860-537-4306 fax 860-537-8260  
Website: racingsuspensionproducts.com

Full Business Name \_\_\_\_\_  
Address of Business \_\_\_\_\_ Fax# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

## Form of Organization:

Corporation   /  /   L.L.Corp.   /  /   Partnership   /  /   Sole Proprietorship   /  /    
Date Began Date Began Date Began Date Began

Proprietors Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Partners Names: \_\_\_\_\_ SS# \_\_\_\_\_  
Corporate Officers: \_\_\_\_\_  
President: \_\_\_\_\_ Vice President: \_\_\_\_\_  
Treasurer: \_\_\_\_\_ Secretary: \_\_\_\_\_

## Other Address information:

Principal proprietor/partner/officer: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Fax# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Business Hours and Days:

Mon	Tue	Wed	Thur	Fri	Sat	Sun
to	to	to	to	to	to	to

Principal brand name of products: \_\_\_\_\_  
Downhill: \_\_\_\_\_  
Cross Country: \_\_\_\_\_  
Road: \_\_\_\_\_  
Accessories: \_\_\_\_\_  
Other products: \_\_\_\_\_  
Number of employees: \_\_\_\_\_ Parts Manager's Name: \_\_\_\_\_

## Supplier and Credit References

Supplier's Name \_\_\_\_\_  
Address of Business \_\_\_\_\_ Fax# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Account#/ Rep \_\_\_\_\_ Terms of Sale \_\_\_\_\_  
Supplier's Name \_\_\_\_\_  
Address of Business \_\_\_\_\_ Fax# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Account#/ Rep \_\_\_\_\_ Terms of Sale \_\_\_\_\_  
Supplier's Name \_\_\_\_\_  
Address of Business \_\_\_\_\_ Fax# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Account#/ Rep \_\_\_\_\_ Terms of Sale \_\_\_\_\_

## Your Business Banking Information

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_ Fax# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
Commercial Account# \_\_\_\_\_ Account Rep \_\_\_\_\_

## Please submit the following with your application:

1. Copy of your State or County Business License.
2. Copy of your Retail Tax License.
3. Voided Business check showing Business Name.
4. Copies of advertising and Photos of your shop.

I hereby certify the above information set forth and other information submitted with this application is true and correct.

Signature of Principal proprietor/partner/officer: \_\_\_\_\_ Date \_\_\_\_\_