



PLEASE COMPLETE
 PRINT, SIGN AND RETURN
 Attn: Sales Department
 FAX: 828-255-8299
 Email: sales@rineharttracing.com

Dealer Application

Dealer Information

Business Name		
Address		
City	State	ZIP/Postal Code
Country	Contact Name(s)	
Phone	Fax	
Email (REQUIRED)	Website	

Reseller Information:

I HEREBY CERTIFY that I hold valid seller's permit/Tax ID No.: _____ (Complete all that apply)

Resale License No.	Federal Tax ID No.	State Sales Tax No.
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All dealership applications **must** be accompanied by the following:

- Copy of your business license with Tax ID#
- Copy of a Resale license/certificate (Not Sellers Permit)

Special Request Information

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Payment Details

Credit Card Number	Card Validation Code	Exp. Date
Card Holder Name	Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover

I certify that to the best of my knowledge all information contained in this form is true and correct. I understand that my dealership status may be revoked if it is found that any information is incorrect.

 Name of Person Completing Form

 Signature

 Date

OFFICE USE ONLY

Dealership Authorized <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dealer Number:	Date Established:
Authorized By:	Date Reactivated:
Welcome Sent : <input type="checkbox"/>	