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CUSTOMER PROFILE / DEALER APPLICATION

1. Name of Business or Individual/Racer: _____
 (Always place your orders and pay under this name)

Billing Address:

2. Street: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Shipping Address: Check if same as above

Street: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

3. Business Phone: _____ Fax: _____

4. Contact E-Mail: _____

5. Owner's Name: _____ Phone: _____

6. Contact Name if different from above: _____ Phone: _____

7. Accounts Payable Person: _____ Phone: _____

8. Description of business: _____ Date established: ____/____/____

IMPORTANT -Your application can not be processed without the following:

- A)** Copy of business/vendor license.
- B)** Resale certificate or copy of seller's permit (CA only).
- C)** Copy of letterhead, business card, or company literature.
- D)** Copy of Advertisement in yellow pages (if available).
- E)** Picture of front of business, including the business name displayed/signage (if available)

For Internal Use Only:

Approved: _____ Date: _____

Buyer Status: _____ Terms: _____ Credit Limit: \$ _____