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Irvine, CA 92614
P: 949-567-9000
F: 949-567-9010
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INTERNATIONAL 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: _____ Postal Code: _____Country: _____

Shipping Address: ☐ Check if same as above

Street: _____

_____

City: _____ 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 government issued business/vendor license.
B) Copy of letterhead, business card, or company literature.
C) Copy of Advertisement (if available).
D) Picture of front of business, including the business name displayed/signage (if available)

For Internal Use Only:

Approved: _____ Date: _____

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

Submit via Email **Clear Form**