



P3 Racing USA, Inc. 6400 W 20th AVE 20 AVE HIALEAH, FL 33016
305-557-4484 FAX 305-557-5543 email mail@p3racing.com

Dealer Application Date _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ Web address _____

Federal I.D. # _____ State Sales Tax # _____

Date Opened (present owners) _____ Type of Business _____

Is your business a? Proprietorship _____ Partnership _____ Corporation _____ State _____

Owners Name _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Driver's License # _____

Bank Name _____ Account # _____

Address _____

City _____ State _____ Zip _____ Phone _____

Persons authorized to place orders; _____

Is a purchase order required? yes ___ no ___

Trade References Name Fax # Account #

1. _____
2. _____
3. _____

Other Information Required

1. Copy of State Tax Resale Certificate.
2. Copy of city or county business license.
3. Picture of your business.
4. Copy of business telephone listing or copy of your phone bill.

Credit Card # _____ expiration date ___/___ CVV code _____

Name on card: _____ Card Type AX MC Visa other _____

Billing address _____

I promise to pay for any purchases C.O.D. unless other payment terms are agreed to.
I further assume responsibility of all bills contracted in my name at the above address. In the event it becomes necessary for P3 Racing USA, Inc. to incur any collection cost or suits to collect under this agreement, the undersigned promises to pay such additional cost of collection and such sum as the court may judge reasonable as Attorney's fees on said suit.

Signature _____ Title _____

Printed name _____ Date _____