



Date: _____

Business Name: _____ DBA: _____

Business Type: Corp LLC Partnership Sole Prop

Resale #: (California dealers only) _____ Tax ID #: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip/Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Target Market: _____

What type of racing goods/equipment do you currently carry? _____

of Physical Stores: _____ List Store Addresses Below (attach additional on a separate form):

Store #1: _____

Store #2: _____

Do you have a trackside program? _____

List 2 Trade References (within the racing industry) include name, address & phone number:

1. _____

2. _____

Upon application approval, do you agree to follow MAP (minimum advertised pricing)? _____

Please fax completed form to 619-448-0917 or email to info@necksgen.com and a sales representative will be in contact with you. Thank you for your time and interest.

1176 Greenfield Drive El Cajon, CA 92021 USA

P: 619-328-0410 F: 619-448-0917 www.necksgen.com