



Star Racing
PO Box 1241, Americus, GA 31709 (billing)
Phone: 800-841-7827 Fax: 229-928-2321
news@starracing.com, www.starracing.com

Dealer Application

New customer terms will be C.O. D., Money Order or Bank Check, or Credit Card, until this application has been processed. This form must be filled out completely, legibly, and signed to process this information. Once your application has been approved your terms will be C.O.D., Company Check, or Credit Card. Please enclose **ALL OF THE FOLLOWING:**

1. A copy of your letterhead, business card, etc.
2. A copy of your sales tax exemption certificate.
3. A copy of your retail seller's permit, or registration card.
4. A photograph of your business or a copy of your yellow page ad.

BUSINESS INFORMATION:

Legal Firm Name: _____

Doing Business as: _____

Shipping Address: _____

City, State, Zip Code: _____

Billing Address or P.O. Box: _____

Business Phone: _____ Business Fax: _____

Email: _____ Web Site: _____

Date Business Started: _____ Years at Present Location: _____

Person(s) Authorized to Order: _____

Name of Owner(s): _____ SS#: _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

(circle one) CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

State Where Incorporated: _____ Sales Tax #: _____

Federal ID #: _____

(circle one) MOTORCYCLE FRANCHISE RETAIL/PARTS SERVICE/REPAIR MANUFACTURING

Dealership Verification: To protect our dealers from abuse by private individuals or other trades posing as motorcycle dealers, we do business only with legitimate motorcycle dealers that have a place of business, business telephone, current exemption certificate, and business license where applicable.

Star Racing, 149 Crisp Drive, Americus GA 31719 (shipping)
Phone: 229-924-0031, Fax: 229-928-2321

You may use VISA, MasterCard, or Discover.
Please fill out completely:

VISA MasterCard Discover (circle one):

Account #: _____

Expiration Date: _____ CVV#: _____

Address on Card (if different than mailing address): _____

City: _____ State: _____ Zip: _____ Country: _____

Please list three references which accept your Company Check or Extended Credit on Account (with the motorcycle industry).

Company: _____ Phone #: _____

Address: _____ Fax #: _____

City, State, Zip Code: _____

Account Terms (circle one) OPEN C.O.D. (Bank Check/Money Order) COMPANY CHECK

Company: _____ Phone #: _____

Address: _____ Fax #: _____

City, State, Zip Code: _____

Account Terms (circle one) OPEN C.O.D. (Bank Check/Money Order) COMPANY CHECK

Company: _____ Phone #: _____

Address: _____ Fax #: _____

City, State, Zip Code: _____

Account Terms (circle one) OPEN C.O.D. (Bank Check/Money Order) COMPANY CHECK

I (we) submit this Company Check Application to STAR RACING, INC., Therefore grant permission to verify any information listed. I (we) certify that all above statements are true. I (we) personally guarantee all debts of this Company. In the event the company is sold, re-established, or closed, I (we) will remain responsible until written notice is sent to and received by STAR RACING, INC.

Owner's Signature

Date

Owner's Signature

Date