



Star Racing  
PO Box 1241  
Americus, GA 31709  
800-841-7827 • 229-924-0031  
www.starracing.com

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**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: \_\_\_\_\_

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, P.O. Box 1241, Americus GA 31709  
Phone: 800-841-7827 • 229-924-0031, Fax: 229-928-2321

To accept a company check for payment is considered an extension of credit. To apply for C.O. D. Company Check, please provide the following information. Orders will be shipped C.O.D. Bank Check or Money Order until Credit is established. You may also use VISA, MasterCard, or Discover. Please allow 2-4 weeks for processing.

Please fill out completely:

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

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. 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.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date