



PERFORMANCE DISTRIBUTOR APPLICATION

DATE:

IN ORDER FOR US TO BETTER SERVE YOU, PLEASE FILL IN AND FAX, MAIL OR E-MAIL THIS BACK TO US.

NAME(S):

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NO:

FAX NO:

E-MAIL ADDRESS:

WEBSITE:

SHIPPING ADDRESS IF DIFFERENT

ADDRESS:

CITY:

STATE:

ZIP CODE:

YES NO

STOREFRONT LOCATION

MULTIPLE LOCATIONS

WAREHOUSE

DO YOU HAVE OUR CATALOG

INSTALLATION

% SALES:

RETAIL SALES

% SALES:

WHOLESALE SALES

% SALES:

INTERNET SALES

% SALES:

TYPE OF BUSINESS:

YEARS IN BUSINESS:

STOCKING BRANDS:

CURRENT SUPPLIERS:

CURRENT FLYWHEEL, CLUTCH, CAM GEARS, & SHIFTERS SOLD:

DOLLAR AMOUNT IN INVENTORY:

ANNUAL SALES:

NO. OF EMPLOYEES:

YOUR TARGET CUSTOMERS:

SPECIALTY:

PLEASE ALSO ATTACH A COPY OF YOUR BUSINESS LICENSE AND RESALE PERMIT