



2026 Sastre Ave. South El Monte, CA 91733
Tel: 626.618.2026 Fax 626.452.9225

Date: _____

Attn: Credit Manager:

We are hereby applying for a dealer account with your firm, and are providing the following confidential information for that purpose.

(PLEASE PRINT)

Full Name of Firm: _____

Subsidiary of: _____ Incorporated Yes, in the State _____
 No.

S.S.N. / Federal ID No. _____

Name(s) of Owner(s) Partner(s) or Officer(s) _____

Shipping Address _____

City _____ State _____ Postal Code / Zip _____

Billing (If Different From Above) _____

Tel: _____ Fax: _____

Email Address: _____

Please fax back this page along your resell certificate or business License. (For California registered company, resell certificate is required)
Thank you for your interest.
AJ Motorsport