



Dealer Application

Please complete entire form and include copy of business license.

Full company name:		
Phone:	Fax:	Website:
Billing address:		
City:	State:	Zip
Shipping Address:		
City:	State:	Zip
Owners name:		H.Phone
Type of Business: Corporation _ Partnership_ Proprietorship_ Other_		
1# Distributor Name Reference:		Other References:
Dealer Number:		Years Doing Business:
2# Distributor Name Reference:		Other References:
Dealer Number:		Years Doing Business:
3# Distributor Name Reference:		Other References:
Dealer Number:		Years Doing Business:
4# Distributor Name Reference:		Other References:
Dealer Number:		Years Doing Business:
Resale#	Fed Tax ID#	Years in Business
Names of authorized persons to place orders:		
Are Purchase orders numbers required? Yes_ No_		
Billing contact:		Phone:
Billing credit card:	Exp date:	Type:
Signature:		
Title:		Date:
Print name:		

Fax this form back to OFD Racing at (928) 855-1545 No cover page needed

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 OFD Racing Inc. WWW.OFDRacing.Com