HOOSIER KARTSPORT

DEALER APPLICATION

PLEASE FILL OUT ENTIRELY ALONG WITH YOUR RESALE TAX CERTIFICATION AND PICTURES OF YOUR FACILITY.

PERSONAL INFORMATION

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

BUSINESS INFORMATION

Business Name: _____ Website Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

State Sales Tax Number: _____ Date Issued: _____

Type of Facility: Retail: _____ Storefront: _____ Industrial: _____ Other: _____

Year Established: _____ Do you offer or plan to offer a catalog? Yes: _____ No: _____

Nearest Major City: _____ Distance from your location in miles: _____

Is karting your primary business? Yes: _____ No: _____ I no, what is? _____

Do you sell by: Retail: _____ Mail Order: _____ Track: _____ Dealers: _____ On-Line: _____ Other: _____

Form of organization: Corporation: _____ Partnership: _____ Sole Proprietorship: _____ Other: _____

Do you race karts yourself? Yes: _____ No: _____ Do any of your employees race karts? Yes: _____ No: _____

Closest karting facility: City: _____ State: _____ Track Name: _____

Type of racing done there: 2-cycle: _____ 4-cycle: _____ Sprint: _____ Oval: _____ Pavement: _____ Dirt: _____

TRADE REFERENCES

Company Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____ Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

FINANCIAL INFORMATION

Bank Name: _____ Contact: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Commercial Account: Yes: _____ No: _____

By signing below, applicant agrees to the following:

- To authorize Hoosier Kartsport to investigate applicants credit record
- To authorize references listed above to provide Hoosier Kartsport with all relevant information
- All dealer terms as stated on the Dealer Terms and Conditions document

Signature: _____ Title: _____

Printed Name: _____ Date: _____