

2Tall Racing, LLC Dealer Application Form



Date: _____
Company name: _____ Date Established: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Fax Number: _____ Website: _____
Mobile phone: _____
Primary Contact(s): _____
Franchise Dealer: YES/NO
If Yes, Which Brands? _____

Please list name and address of persons having a greater than 50% interest in the business:

Name & Address: _____
Name & Address: _____

Type of Business: Corporation / Sole Partnership / Partnership / LLC

Federal Tax#: _____ State Tax ID# _____
FL Resale # (if Applicable) _____

Trade Reference:

Company: _____ Phone: _____ Contact: _____
Company: _____ Phone: _____ Contact: _____
Company: _____ Phone: _____ Contact: _____

Payment Information:

Circle one: Visa/ Mastercard/ Discovery/ American Express
Card Number: _____ Exp. date: _____
Name on Printed Credit Card: _____
Credit Card Billing Address: _____
City: _____ State: _____ Zip: _____

Card Holder's Signature: _____ Date: _____

Printed Name and Date: _____

Please fill out completely, sign and email to jan@2tallracing.com. Please include resale certificate.
Without the resale certificate, we cannot complete the application.