

MAXSPEED-MOTORSPORTS.COM DEALER PROGRAM APPLICATION FORM

3125 BOUL. INDUSTRIEL, LAVAL, QC H7L4P8
USA. TEL 518.314.1340
CAN. TEL. 514.312.5201

If your application is approved you are guaranteed to get at least 10% discount and a maximum of 35% discount on our products. Once your application is processed you will have access to our dealer price sheet and program structure.

You must print out, fill out this application and fax it to 1.518.314.1342 or print out fill and send us a scanned copy via e-mail at sales@maxspeed-motorsports.com

All fields marked with * are mandatory.

*BUSINESS NAME: _____

*BUSINESS ADDRESS: _____

*BILL TO ADDRESS: _____ (IF SAME AS BUSINESS LEAVE BLANK)

*SHIPPING ADDRESS: _____ (IF SAME AS BUSINESS LEAVE BLANK)

*BUSINESS TELEPHONE: _____

CELL PHONE (OPTIONAL): _____

*CONTACT NAME: _____

*OWNER NAME(S): _____

*E-MAIL ADDRESS: _____

COMPANY WEBSITE: _____

*FEDERAL I.D#: _____

*SALES TAX I.D#: _____

*YEARS IN BUSINESS: _____

*TYPE OF ORGANIZATION: CORPORATION INDIVIDUAL PARTNERSHIP

*WHAT IS YOUR MAIN SELLING WINDOW ? (CHECK ALL THAT APPLIES)

ONLINE

STOREFRONT

BUYING AGENT

REPAIR SHOP

WE ONLY ACCEPT VISA/MC, PAYPAL OR COD, NO CHEQUES NO CREDIT SUCH AS NET 30.

*PREFERRED METHOD OF PAYMENT: VISA/MC
 PAYPAL e-mail address _____
 COD (ADDITIONAL FEES APPLY)

I WOULD LIKE MY CREDIT CARD INFORMATION TO BE KEPT ON FILE YES NO

VISA/MC CREDIT CARD# _____ EXP/DATE _____ CVC _____

BILLING ADDRESS: _____

I HEREBY AUTHORIZE MAXSPEED-MOTORSPORTS.COM TO CHARGE ORDERS TO MY CREDIT CARD.

CARDHOLDER SIGNATURE: _____

NAME OF CARDHOLDER (PLEASE PRINT) _____

SIGNATURE OF APPLICANT : _____ TITLE: _____ DATE: _____

PHOTOCOPY OF
BUSINESS CARD
HERE