



Dealer Application

Date: _____

Please complete the following and fax to CGS Motorsports at (909)444-9165

Legal firm name: _____

Doing Business As: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Date Business Started: _____ At Present Location Since: _____

Business Phone: _____ Other Phone: _____

Fax# _____ Company E-Mail: _____

Company Contact: _____ E-Mail: _____

Purchasing Agent: _____ E-Mail: _____

Accounts Payable: _____ E-Mail: _____

Company Web site: _____

Other Company Web site: _____

Other Company Web site: _____

Type of Business

Car Dealer Accessory Store Distributor Repair

Performance Shop Chain Store Online Only

Other Competitors products you sell:

Exhaust

___Gibson ___Magna Flow ___Borla ___Corsa Other_____

Intakes

___K&N ___Airaid ___Volant ___AEM ___AFE Other_____

Type of Account Applied for

___ C.O.D. Charge Co. Credit Card ___C.O.D. Company Check

___ Terms – 30 Day Account Terms – 10 Day Account

___ Visa ___M/C ___ AMEX ___Discover

Card# _____ - _____ - _____ - _____ Ex. Date ___/___ CCV# _____

Banking

Name of Bank: _____ Phone# _____

Address: _____

Contact: _____ Account# _____

Owners / Partners / Shareholders

Name_____ Phone# _____

SSN _____ Driver Lic.# _____

Address _____ City _____ State _____ Zip _____

Name_____ Phone# _____

SSN _____ Driver Lic.# _____

Address _____ City _____ State _____ Zip _____

___ Sole Proprietor ___Partnership ___Corporation

Federal Tax ID# or SSN State Tax ID# State of Incorporation

Authorized Representative Signature: _____

Print Name: _____

Please fax back to **(909) 444-9165**

Be sure and Fax a copy of you business license and Resale card also

CGS Motorsports 3227 Producer Way #134 Pomona, CA 91768