

PLEASE COMPLETE AND FAX BACK TO 888-279-1639.



Rocket Exhaust Dealer Application

Business Information	
Full Business Name:	
Business Structure: <input type="checkbox"/> Sole Proprietorship Partnership Corporation LLC Other LIMITED CO	
Billing Address:	City: Zip:
Shipping Address(If different):	City: St: Zip:
Telephone:	Fax:
Email:	
Years in Business:	
Name of Principle Owner and Title:	
Accounts Payable Contact:	Parts Manager:
Federal Identification #:	State Resale #:

Bank Reference	
Bank Name:	Account Number:
Address:	Phone:
Contact Person:	Fax:
Type of Account you are requesting: X Credit Card or Bank Transfer	
Card Type:	Number: Exp: Security code
Name on Card:	Security code:

Trade (Credit) References	
Name:	Phone:
Address:	Fax:
City,State,Zip:	Contact:
Name:	Phone:
Address:	Fax:
City,State,Zip:	Contact:
Name:	Phone:
Address:	Fax:
City,Sate,Zip:	Contact: