



POB A  
 190 N. 100 E.  
 Circleville, UT 84723  
 PH: 435-577-2800  
 FAX: 435-577-2267

### New Dealer Application

Criteria: You must be a Full Time Business in a permanent location, with a sign that shows that you are in the Wholesale or Retail ATV, Motorcycle, PWC, Snow-Craft, Power Sports or Auto Parts Industry. This application must be accompanied by at least two digital photos of the interior and exterior of your business. You may send them via e-mail to amstarracingllc@aol.com . We will also need a copy of your Yellow Page or Magazine Advertisement, a copy of your Local or State business license and copy of the dealers principals drivers license. Utah Dealers we will need a signed resale card on file. If you cannot meet these criteria we will not be able to sell to you at wholesale level pricing. Our terms are Pre-Paid by Credit Card or COD Company Check. The first COD will be sent Cashiers Check only. After that your company check will be accepted. If a check is returned NSF or any reason your account will be pre paid only.

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owners Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Please Circle Entity: Sole Prop Partnership Corporation LLC

Business Bank and Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_ Contact Person At Bank: \_\_\_\_\_

**Please List Major Distributers and Aftermarket Companies You Are Currently Doing Business With:**

Name: \_\_\_\_\_ Terms: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_ Terms: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_ Terms: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_ Terms: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

How Will You Sell And Display Our Products: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare that the above statements and all submitted data are true and accurate, and that American Star Mfg, LLC and/ or Speedline'z, LLC have my permission to check with my Bank or Financial Institution, Dun-Bradstreet, Experian, Equifax and the above listed credit References for any information needed regarding my/our credit worthiness and business financial condition.

Signature of Principal or Officer: \_\_\_\_\_ Date: \_\_\_\_\_