



POB A
 190 N. 100 E.
 Circleville, UT 84723
 PH: 435-562-4386
 FAX: 435-304-0422

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 only.

Business Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ 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: _____