



2849 S. 44th St. Phoenix, AZ 85040 Ph:602-470-0065 Fax:602-470-0516

DEALER APPLICATION

Name of Business: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: () -
Fax: () -
Website: _____
Owners Name: _____
Contact Number: () -
Square Footage of building: _____
Year Business Started: _____
No. of Employees _____
Contact: _____
Additional Purchasers: _____

Financial Information

Bank Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: () -
Fax: () -
Account Manager: _____

Trade References

Company Name: _____
Contact Name: _____
Phone: () -
Fax: () -
 Open Account COD

Company Name: _____
Contact Name: _____
Phone: () -
Fax: () -
 Open Account COD

Company Name: _____
Contact Name: _____
Phone: () -
Fax: () -
 Open Account COD

Terms of Sale*

COD
 Credit Card on File (Visa or Mastercard)
Card #: _____ - _____ - _____ - _____
Exp: _____ / _____ Ver. Code: _____

*Hasport Performance, Inc. only ships to the billing address of the Credit Card. If the billing address is different then the business address, arrangements must be made with a Hasport Performance, Inc. Representative. COD Shipments are shipped UPS Ground, Certified Check or money order.

Must supply the following information with this application.

- 1. Copy of Business License
- 2. Copy of Tax ID Certificate
- 3. Copy of a voided check

By signing this form I hereby give consent to Hasport Performance, Inc. or agents to obtain credit information from all organizations, parties, and credit institutions involved as may be required.

Signature: _____

Date: _____

Upon completion please submit to Hasport Performance, Inc. 2849 S. 44th St. Phoenix, AZ 85040 by either courier or by faxing to 602-470-0516. If application is approved, you will be notified via Fax with copy of wholesale price list. If you have any questions please call 602-470-0065.