



Total Racing Solutions

810-588-6729

totalracingsolutions.com

Total Racing Solutions Dealer Application

Dealer name: _____

DBA if applicable: _____

Address: _____

Phone: _____

Fax: _____

URL: _____

Email: _____

Owner or Officers' name: _____

Phone: _____

Type of organization: () Corporation () LLC () Sole Proprietorship

Business start date: _____

Bank Name: _____

State: _____ Branch _____

Name on Account: _____



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Franchise: () yes or () no

Lines: _____

Parts unlimited dealer: () Yes or () no
If yes Dealer #: _____

EIN / Tax id #: _____

Please attach a copy of your business license and one of the following a yellow page add, a trade magazine add or a voided check. Application must be complete for approval to be processed.

Signature of authorized Officer: _____

Print Name: _____

Date: _____

As you fill out our application, please bear in mind that these policies were created to offer the best protection for our existing dealers. Once approved, these same policies will be in effect for your protection. If you have any questions concerning the application, please feel free to call between Rachele during regular business hours, Eastern Standard Time.

Mail or email complete application to admin@team-trs.com

Thank You for your interest in becoming a Skunk Works Dealer!

For internal office use only:

Verified By: _____ Approved: _____ Dealer #: _____