

## Dealer Application

Responsible  
Sales Associate \_\_\_\_\_

### Company Information

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Website \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Are you currently using our parts? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where are you buying them from? \_\_\_\_\_

### Company Structure

\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Proprietorship \_\_\_\_ Primary Business \_\_\_\_ Wholesale \_\_\_\_ Retail  
Year Established \_\_\_\_\_ If wholesale, approximate number of dealers.  
National \_\_\_\_\_ Local \_\_\_\_\_  
Business Hours Owner/Officer Names  
M-F \_\_\_\_\_ Sat \_\_\_\_\_  
Market(s): ☐ Oval Track Dirt ☐ Drag Racing ☐ High Performance ☐ Other \_\_\_\_\_  
☐ Oval Track Asphalt ☐ Muscle Car ☐ Street Rod \_\_\_\_\_

### Contacts

Purchasing Manager \_\_\_\_\_ If your business is more than a year old,  
Purchasing Department Contact Person please give the previous year's sales volume.  
if different from above \_\_\_\_\_ Total \$ \_\_\_\_\_

### References

Three business references are required.

1.	_____	_____	_____
	Business	Phone Number	Annual Purchase Volume
2.	_____	_____	_____
	Business	Phone Number	Annual Purchase Volume
3.	_____	_____	_____
	Business	Phone Number	Annual Purchase Volume

### Signature

I hereby acknowledge that the information contained in this application is correct as of the date indicated.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

### **Application for Check Acceptance or Terms Information**

Longacre Racing Products has rigid guidelines regarding check acceptance. Checks are only accepted after thorough investigation of bank information and references provided by you. Longacre Racing Products requires a minimum of (1) bank reference and (3) vendor references in order to determine whether checks will be accepted. All accounts will be COD, Certified Funds (cashiers check or money order) OR prepaid (via wire transfer or credit cards) until a check approval determination is made.

Please fill out the top portion of the following application forms completely, sign as the applicant and return to Longacre Racing Products. We will then forward the forms to the appropriate bank/vendor and will make a determination after all completed forms are returned to us. Most banks and vendors will not respond without a signed form, so vendor/bank reference lists are not a suitable substitute for our reference forms.

Longacre Racing Products reserves the right to revoke check writing privileges. Checks not passing through the bank on the first attempt will result in a \$6 fee, and any account that has a check that returns NSF after a second attempt will result in an additional \$19 fee. When a check is returned by the bank as NSF after the second attempt, the check amount plus associated fees must be paid in full immediately by credit card or money order. These fees are subject to change at any time at the sole discretion of Longacre Racing Products.

All past due accounts are subject to a finance charge of 12.9%.

Thank you for your interest in distributing our product. We look forward to contacting you soon to verify the completion process.

# Application for Check Acceptance or Terms



Responsible  
Sales Associate \_\_\_\_\_

## To be completed by applicant and returned to Longacre Racing Products

Bank Name \_\_\_\_\_ Applicant \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Fax \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## To be completed by Bank

The above applicant has applied with our company to accept their business check. They have provided to us the information shown above. We would appreciate you completing the information below and returning it to us. Your cooperation will help us make a fair decision.

**We will keep this information in strict confidence.**

Account Opened \_\_\_\_\_ Account Type \_\_\_\_\_ Checking Savings  
Account Opened \_\_\_\_\_ Account Type \_\_\_\_\_ Checking Savings  
Returned Checks \_\_\_\_\_ Account Closed \_\_\_\_\_ Stop Payment \_\_\_\_\_  
# of outstanding loans \_\_\_\_\_ Repayment: Excellent Good Poor  
Bank's relationship with this company: Excellent Good Poor  
Average balance \_\_\_\_\_ Bank Contact \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Vendor Reference Form

Responsible  
Sales Associate \_\_\_\_\_

### To be completed by applicant and returned to Longacre Racing Products

Vendor _____	Applicant _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Attention _____	
Applicant Signature _____ Date _____	

### To be completed by Vendor

The above applicant has requested that we accept their company check for payment of goods and services. They have submitted your name as a trade reference. We would appreciate your cooperation by completing this form and returning it to our office. Your help will allow us to make a fair decision.

**We will keep this information in strict confidence.**

Do you accept their company checks?      Yes      No

Have any of their checks been returned within the past 12 months?      Yes      No

Approximate amount of largest check you have accepted? \_\_\_\_\_

Approximate amount of annual purchases with your company? \_\_\_\_\_

Customer's terms with your company: \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Vendor Reference Form

Responsible  
Sales Associate \_\_\_\_\_

### To be completed by applicant and returned to Longacre Racing Products

Vendor _____	Applicant _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Attention _____	
Applicant Signature _____ Date _____	

### To be completed by Vendor

The above applicant has requested that we accept their company check for payment of goods and services. They have submitted your name as a trade reference. We would appreciate your cooperation by completing this form and returning it to our office. Your help will allow us to make a fair decision.

**We will keep this information in strict confidence.**

Do you accept their company checks?      Yes      No

Have any of their checks been returned within the past 12 months?      Yes      No

Approximate amount of largest check you have accepted? \_\_\_\_\_

Approximate amount of annual purchases with your company? \_\_\_\_\_

Customer's terms with your company: \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Vendor Reference Form

Responsible  
Sales Associate \_\_\_\_\_

### To be completed by applicant and returned to Longacre Racing Products

Vendor _____	Applicant _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Attention _____	
Applicant Signature _____ Date _____	

### To be completed by Vendor

The above applicant has requested that we accept their company check for payment of goods and services. They have submitted your name as a trade reference. We would appreciate your cooperation by completing this form and returning it to our office. Your help will allow us to make a fair decision.

**We will keep this information in strict confidence.**

Do you accept their company checks?      Yes      No

Have any of their checks been returned within the past 12 months?      Yes      No

Approximate amount of largest check you have accepted? \_\_\_\_\_

Approximate amount of annual purchases with your company? \_\_\_\_\_

Customer's terms with your company: \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_