



WHOLESALE DEALER APPLICATION

AMR Racing Requires the following for New Dealer Accounts:

1. **Copy of your Business License.**
2. **\$500 Minimum buy in fee. (Initial purchase less than \$500 will be charged at 15% off retail.)**

Company Name: _____ Website(s) URL: _____

Physical Address: _____

City: _____ State: _____ Zip/Post: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Shipping Address: (same as above ___) _____

City: _____ State: _____ Zip/Post: _____ Country: _____

Years In Business: _____ Federal Tax ID: _____ State Resale ID: (Nevada Only) _____

Where do you plan on selling our product? If online, list all domains. _____

Business Structure: Sole Proprietor ___ Partnership ___ Corporation ___ Other _____

Terms Requested: Visa/MC ___ Discover ___ PayPal ___ Wire Transfer ___

Principal Contacts:

Name: _____ Title: _____ Phone #: _____

Name: _____ Title: _____ Phone #: _____

AMR RACING

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Scan completed form and email to: sales@amrracing.com