



205 Pitts Street, Kernersville, NC 27284  
Phone: (336) 993-7068 Fax: (336) 993-7082

## Dealer Application

Legal Firm Name \_\_\_\_\_  
Doing Business As (DBA) \_\_\_\_\_ Start of Business \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_  
Resale # \_\_\_\_\_ Business License # \_\_\_\_\_  
Tax ID or Social Security # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_

### Names of Owners, Partners, Shareholders, Officers

Name	Title	Home Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Trade References

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

### Credit Card Information

*to be kept on file*

Type of Card:  AMEX  Visa  MasterCard  Discover  Other \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV # \_\_\_\_\_  
Name on Card \_\_\_\_\_ Card Zip Code \_\_\_\_\_  
Address for Card (if different from above) \_\_\_\_\_  
\_\_\_\_\_

### Bank Information

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Type of Account:  Checking  Savings  Other  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Type of Business

Franchise Dealer (*please enclose copy of dealer license*) \_\_\_\_\_  
 Repair and Service Shop  
 Accessory Store  
 Other \_\_\_\_\_

Check One:  Individual  Partnership  Corporation (state: \_\_\_\_\_)

Do you have an On-Site Dyno?  Yes  No

**I hereby confirm that all above information is correct.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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#### **Additional information needed to process your Dealer Application:**

1. Copy of Business License
2. Copy of Federal Tax ID Number
3. Copy of State Resale Tax Certificate (*if applicable*)
4. Copy of cancelled business check
5. Picture of storefront showing exterior signage
6. One form of advertising, such as a Facebook page or website address

**Remit all to [info@tmanperformance.com](mailto:info@tmanperformance.com).**