



Speed's Performance Plus
 10615 171st Ave NW
 Elk River, MN 55330
 Phone (763) 241-0537
 Fax (763) 355-9126

Dealer Application Requirements

Thank you for your interest in becoming an authorized dealer of Speed's Performance Plus (SPP) products. In order to process your request, please complete this dealer application in its entirety. All of the following information MUST be provided.

1. Fill out the entire dealer application and return by fax or mail to Speed's Performance Plus. Form must be complete; any blanks will result in a delay of approval.
2. Provide a copy of your state or local business license.
3. Provide a copy of your phone book listing in either the Yellow pages, or the White pages.

Name of Business _____
 Phone # _____ Fax # _____
 Email: _____ Years in business _____
 Type of Business _____ Sole Proprietor _____ Partnership _____ Corporation _____
 Address _____
 City _____ St _____ Zip _____
 Business Fed ID # _____ Sales Tax Registration # _____

Information Concerning Owners or Stockholders

Name _____
 Home Address _____
 Phone _____ SSN # _____
 Relationship to Company _____

Name _____
 Home Address _____
 Phone _____ SSN # _____
 Relationship to Company _____

Name _____
 Home Address _____
 Phone _____ SSN # _____
 Relationship to Company _____

The undersigned affirmatively states that the information contained in this credit agreement is true and correct and authorizes our company to contact their references listed and to run credit checks on the business and/or persons listed. The individuals signing below are personally liable for all charges made on this account. In the event of a partnership, all partners must sign; if a corporation, major stockholders must sign.

Signed _____	Title _____	Date _____
Signed _____	Title _____	Date _____
Signed _____	Title _____	Date _____

Credit References

Name _____
Address _____
City _____ St _____ Zip _____
Phone # _____ Fax _____

Name _____
Address _____
City _____ St _____ Zip _____
Phone # _____ Fax _____

Name _____
Address _____
City _____ St _____ Zip _____
Phone # _____ Fax _____

Bank Information

Name _____
Address _____
City _____ St _____ Zip _____
Phone # _____ Fax _____

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