



DEALERSHIP APPLICATION

GUTS, Inc. 6165 Enterprise Dr. Diamond Springs Ca. 95619 USA 800-342-1272 www.gutsracing.com

When completed please email to:
 Attn: New Accounts Department
sales@gutsracing.com

Dear Prospective Dealer,

Thank you for considering GUTS Racing as one of your vendors. We would be delighted to add your company to our list of Authorized retail Dealerships. Please fill out this form and either email or fax it back to us along with all of the necessary documents (see below) Only companies with retail store fronts will be approved. Please be sure to include a photograph of your store front. We will process your application as quickly as possible, please allow 1-2 days after we receive it to do so. You must include all of the applicable documentation listed below along with a completed GUTS Racing Dealership Application in order for us to process your dealership application.

- A properly completed GUTS Racing Dealership Application.
- A copy of your city's Business License.
- A properly completed Resale Certificate (California applicants only)

FOR GUTS OFFICE USE ONLY
ACCT #
Dealer Info Sent: YES NO

BUSINESS INFORMATION

BUSINESS NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER (SHOP)	FAX NUMBER	
BUSINESS LICENSE NUMBER	SELLERS PERMIT NUMBER (California Only)	
WEBSITE URL		

OWNER/OFFICER INFORMATION

OWNER/OFFICER-1	TITLE	PHONE NUMBER:
		EMAIL:
OWNER/OFFICER-2	TITLE	PHONE NUMBER:
		EMAIL:
PARTS MANAGER		PHONE NUMBER:
		EMAIL:

FRANCHISE INFORMATION

Are you a franchised motorcycle dealership? YES NO

If yes, please list which brands. _____

VENDOR INFORMATION - Please list major distributors that sell to you.

NAME	NAME	NAME
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
