



Star Racing  
PO Box 1241, Americus, GA 31709 (billing)  
Phone: 800-841-7827 Fax: 229-928-2321  
[news@starracing.com](mailto:news@starracing.com), [www.starracing.com](http://www.starracing.com)

---

### Dealer Application

New customer terms will be C.O. D., Money Order or Bank Check, or Credit Card, until this application has been processed. This form must be filled out completely, legibly, and signed to process this information. Once your application has been approved your terms will be C.O.D., Company Check, or Credit Card. Please enclose **ALL OF THE FOLLOWING:**

1. A copy of your letterhead, business card, etc.
2. A copy of your sales tax exemption certificate.
3. A copy of your retail seller's permit, or registration card.
4. A photograph of your business or a copy of your yellow page ad.

### **BUSINESS INFORMATION:**

Legal Firm Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Billing Address or P.O. Box: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Years at Present Location: \_\_\_\_\_

Person(s) Authorized to Order: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(circle one) CORPORATION      PARTNERSHIP      SOLE PROPRIETORSHIP

State Where Incorporated: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

(circle one) MOTORCYCLE FRANCHISE    RETAIL/PARTS    SERVICE/REPAIR    MANUFACTURING

Dealership Verification: To protect our dealers from abuse by private individuals or other trades posing as motorcycle dealers, we do business only with legitimate motorcycle dealers that have a place of business, business telephone, current exemption certificate, and business license where applicable.

**Star Racing**, 149 Crisp Drive, Americus GA 31719 (shipping)  
Phone: 229-924-0031, Fax: 229-928-2321

You may use VISA, MasterCard, or Discover.  
Please fill out completely:

VISA            MasterCard            Discover    (circle one):

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Address on Card (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Please list three references which accept your Company Check or Extended Credit on Account (with the motorcycle industry).

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Terms (circle one)    OPEN            C.O.D. (Bank Check/Money Order)            COMPANY CHECK

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Terms (circle one)    OPEN            C.O.D. (Bank Check/Money Order)            COMPANY CHECK

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Terms (circle one)    OPEN            C.O.D. (Bank Check/Money Order)            COMPANY CHECK

I (we) submit this Company Check Application to STAR RACING, INC., Therefore grant permission to verify any information listed. I (we) certify that all above statements are true. I (we) personally guarantee all debts of this Company. In the event the company is sold, re-established, or closed, I (we) will remain responsible until written notice is sent to and received by STAR RACING, INC.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date