
General Information

Company Name: _____

DBA (if Any): _____

Street Address: _____

Billing Address: _____

Phone: _____ Fax: _____ Website: _____

Years In Business: _____ No. of Employees: _____ E-mail: _____

Shop Facilities: _____ Sq. Ft.: _____ Show Room Yes NoWill You DO Installations: Yes NoBusiness Entity: Corp Partnership LLC Sole Proprietorship

Key Personnel

Name	Phone	Fax	Email
------	-------	-----	-------

President/Owner _____

Primary Purchasing Contact _____

Accounts Receivable Contact _____

Persons Authorized To Purchase Products _____

Marketing Information

Method Of Distribution: Mail Order Retail Warehouse Other _____Type Of Establishment: OE Dealer Speedshop Service Center Other _____

Other Products Carried: _____

Completed By:

Signature _____ Date _____

Name _____ Title _____

*Please Fax to 888-516-8219 or email to Sales@weistec.com**Include **Resale Permit** and **Business License****If you have an questions, please contact our sales department*
