



StayFlush Dealer Application

Business Name: _____

Business Type: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Shipping Address: _____

Phone: _____ Fax: _____ Cell: _____

Year Established: _____ Years in business at above address: _____

State & Resale Tax ID: _____ Federal Tax ID: _____

Entity Type:

- Corporation
- Sole Proprietorship
- Partnership
- Other: _____

Email: _____ Website: _____

Participants of Company

Name: _____ Title: _____

By Signing this application, you acknowledge all the information above is true and accurate.

Signature: _____

After completion of this application please email us back this application along with a copy of your State License to, stayflushmotorsports@gmail.com