



NEW DEALER APPLICATION

Instructions: Please print or type. Fill in all spaces and complete by signing where indicated. To become a dealer of Rocket Exhaust please return this application and any supplementary information via email along with your state license. Incomplete, illegible; or missing require information will delay set-up.

PHONE: 1-480-772-2199

EMAIL: info@rocketexhaust.com

- **REQUIRED DOCUMENTS:** Photographs of storefront on commercial property to be submitted along with application.
- **Copy** of Resale/ Sales Tax Exemption Certificate for all shipping locations.

Business Name: _____

Doing Business as (DBA): _____

Business Address: _____

City: _____, **State:** _____ **Zip:** _____

Owner Name(s): _____

Parts Manager: _____ **Years in Business:** _____ **Store Hours:** _____

Shop Phone # _____ **Fax#** _____ **Cell#** _____

Email: _____

Website: _____

Shipping Address: _____

City: _____, **State:** _____ **Zip:** _____

Mailing Address: _____

City: _____, **State:** _____ **Zip:** _____

Resellers Permit # _____ **Exp Date if Applicable** ___/___

Federal Tax ID # _____ **Exp Date if Applicable** ___/___

Business Type: (Check one) ___ Sole Proprietorship ___ Partnership ___ Corporation

Are you a franchise?

If yes, please list Franchise and Franchise # _____

By signing this application, I hereby confirm that all information is accurate and complete to the best of my knowledge.

Owner / Authorized Signature

Printed Name