



DEALER APPLICATION FORM

Looking for a new and exciting future with BirelART and PSL Karting?

If you are interested in becoming a dealer of BirelART products, please complete this form, and e-mail by PDF to info@pslkarting.com

Dealer status is offered to those applicants who have a state / city business license, a resale certificate and operate on a full time basis. Applications must include a copy of your state/ city business license, an original signed resale certificate and completed application. All application information is confidential. Please return the completed application with all enclosures necessary.

Company Name: _____

Address: _____

City: _____ Province / State: _____

Postal code / Zip: _____ Country: _____

Phone #: _____ Fax #: _____

Company E-mail: _____

Company Web Address: _____

Principal Contact: _____

Title: _____ Principal Contact E-mail: _____

Are you located on a Karting Track? _____

How many karts did you sell in 2012/2013/2014/2015?

How many used/new? _____

What is your biggest market?: _____

Do you have a race team? _____

What category of racing do you feel is your strength? _____

What languages do you speak?

FINANCIAL INFORMATION

Bank name: _____ Contact name: _____

Bank address: _____

Telephone: _____ Account number: _____

Credit Card number: _____ Exp: _____ Digit: _____

TAX ID NUMBER: _____ (For shipping purposes on Int'l Shipments)

Trade References (3):

1- Company name : _____ Phone : _____
Contact name : _____
Address : _____

2- Company name : _____ Phone : _____
Contact name : _____
Address : _____

3- Company name : _____ Phone : _____
Contact name : _____
Address : _____

By signing this application and upon acceptance as a BirelART Dealer, Buyer agrees to the following conditions:

- PSL Karting is authorised to investigate Buyer's credit record and to report Buyer's performance to proper persons or credit agencies.
- Buyer authorises referenced banks and suppliers to provide PSL Karting information.
- Buyer agrees to all dealer terms as stated herein.

Signature: _____ Date: _____

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