



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 Addres	s:	
Principal Contact:		_
Title:	Principal Contact E-mail:	
Are you located on a K	arting Track?	
How many karts did yo	ou sell in the last 3 years?	
How many used/new?		
What is your biggest m	narket?:	
Do you have a race tea	am?	
What category of racir	ng do you feel is your strength?	
What languages do yo	u speak?	





FINANCIAL INFORMATION

www.facebook.com/PSLKarting

www.twitter.com/PSLKarting

	name:(
Darik a	address:			
Teleph	hone: Account num	ber:		
Credit Card number:		Exp: Digit:		
TAX ID	O NUMBER: (For s	nipping purposes on Int'l Shipments)		
Trade	References (3):			
1-	- Company name :	Phone :		
	Contact name :			
	Address :			
2-	- Company name :	Phone :		
	Address :			
3-	- Company name :	Phone :		
	Contact name :			
	ning this application and upon acceptan ving conditions:	ce as a BirelART Dealer, Buyer agrees to the		
	•	gate 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.			
		yer agrees to all dealer terms as stated herein.		
	Signature:	Date:		
a				
	info@pslkarting.com			