



Dealership Application Form

PLEASE TYPE OR PRINT CLEARLY

Company name _____

Owner _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____ Website _____

Federal Tax I.D. Number _____ Years in business _____ Number of employees _____

State Sales Tax # _____

A copy of your state sales tax license and a sales and use tax exemption/resale certificate MUST be submitted with this application or any applicable tax will be charged at the time of sale.

*** Please include a copy of your yellow pages ad. ***

Type of dealership (*specify* - Dealer / After Market Parts / Race Support / Chassis Shop)

- Sports Car _____
- Oval Track _____
- Drag Racing _____
- Motorcycle _____
- ATV _____
- Snowmobile _____

Region of distribution _____

Services offered (race support, rebuild, etc.) _____

Percentage of total business pertaining to the shock absorber market in the past year _____ %

Other brands of shock absorbers sold _____

Do you advertise? _____ National _____ Regional _____

Does your company have house teams? Yes No

If yes, furnish names and class. _____

PLEASE FAX OR MAIL COMPLETED FORM WITH ATTACHMENTS TO THE ADDRESS BELOW.

PENSKE RACING SHOCKS / CUSTOM AXIS

Attn: Amanda Readinger-Canta
P.O. Box 1056
Reading, PA 19603

Phone (610) 375-6180 • Fax (610) 375-6190

www.penskeshocks.com

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