

Darkhorse Crankworks Dealer Application



Date _____/_____/_____

Dealership _____ / Shipping (if different) _____

Street _____ / _____

City / State / Zip _____ / _____

Phone _____ Principal/Owner _____

Fax _____ Contact _____

Email _____ Service Manager _____

State sellers permit # _____ Years in business _____

Website URL _____

Classification: - Dealer Performance Distributor Race Team

Payment Method: - Credit Card COD

CC Type: Visa / MC / Disc Card# _____

Expires _____ Billing St.Address & Zipcode _____ Security code _____

Bank Reference: N/A if payment method is credit card

Bank name _____ Ph: _____ / _____ / _____

Signature _____ **Title** _____ **Date** _____

*All shipping will be UPS regular ground unless otherwise noted

*Distributor rates given with +12 lower units per year

Fax to 920.726.4991 or return with initial work order. Please remit copy of yellow pages ad or web address, state resale license and business card to complete application.

Phone: 920-726-4990

Fax: 920-726-4991

Email: john@darkhorsecrankworks.com