VAC Motorsports

2501, Snyder Ave Philadelphia, PA, 19145 (215)-462-4666 Sales@VACmotorsports.com



DEALER / DISTRIBUTOR APPLICATION

Please complete this application and return via email to <u>Sales@VACmotorsports.com</u>. This form will be used for VAC Motorsports Dealer or Distributor Qualification. All the information provided will held confidential. Please allow up to 3 business days for processing. Contact references will be reached out to for verification.

We look forward to work with you.

Regards,

Tony Salloum President

VAC Motorsports

General Information

Company Name:	Company Name
Tax ID number:	Tax ID Number
Date Established:	Date
Owner	Owner
Address:	Address
City/State, ZIP:	City, State,ZIP
Phone:	Phone
Fax:	Fax
Website:	Website
Purchasing Contact:	Contact
Email Address:	Email Address
Phone:	Phone

Primary Shipping Address (if different than above):

Address

VAC Motorsports Inc.

Type of Busin	<u>ess</u>			
☐ Online	☐ Installation/Tuning	☐ Warehouse	☐ Parts/Service	Other Please Specify
	nographic or Specialty (e.g. i	mport, off-road, BMW, etc)		
Approximately Yearly Sales			\$0000	
Approximate Cu Trade Referen			Customer Base	
Name:	Name		Telephone:	Telephone Number
Address:	Address		Fax:	Fax Number
City, State, Zip	City, State, Zip		Contact:	Contact
Name:	Name		Telephone:	Telephone Number
Address:	Address		Fax:	Fax Number
City, State, Zip	City, State, Zip		Contact:	Contact
Name:	Name		Telephone:	Telephone Number
Address:	Address		Fax:	Fax Number

Contact:

Contact

City, State, Zip: City, State, Zip

Bank/Credit Blanket Authorization

I/We hereby authorize VAC Motorsport Inc. to charge the bank or credit card listed below for payments of invoices for goods which are incurred by the below listed authorized user(s). I certify that I am authorized to sign this form on behalf of the company. I understand all information will be securely maintained by VAC Motorsports Inc.

Name of Business	Name					
Credit Cardholder Name	Name					
□American Express	□Discover	□Master Card	□Visa			
Account Number	Number					
CCV: CVV	Expiration Date: Date					
Cardholder Signature	Signature here					
Card Billing Address	Address					
Names and signatures of author payment of invoices. Name Name Name Name	rized individuals/employees to Signature Signature Signature Signature	Date Date Date Date	d above for			
THIS FORM MUST BE TYPED OR CAREFULLY PRINTED, FILLED OUT COMPLETELY AND SIGNED. PLEASE SEND COMPLETED FORM TO VAC Motorsport Inc. at Sales@VACmotorsports.com .						
We hereby authorize the release	of bank account information	to VAC Motorsports Inc.				
By: By		Title: Title				

Please attach a copy of your reseller's license, business license, and pictures of your storefront / business with signage.

Proof of physical storefront is required for all dealers. Please be sure to submit photo with application.

Dealer Level Account Requirements

To become a VAC Motorsports (referred to as VAC in this text) dealer ("Dealer") a one-time Buy-In Order* of Two Thousand and Five Hundred Dollars (\$2,500.00) or more will be required after the application has been approved (the "Dealer Buy-In").

* The initial Buy-In Order is required to activate the Dealer account. This is to protect our current dealers and prevents 'one time' wholesale purchases. The total discounted invoice amount should meet or exceed the \$2,500.00 Buy-In to qualify.

Once VAC Motorsports has received and approved the completed application, the initial buy-in order may be placed.

Orders may be placed by submitting a purchase order to your assigned sales representative via email or by phone call, 215-462-4666.

In order to maintain an active Dealer Account, a combined sales amount of Five Thousand Dollars (\$5,000.00) is required for each calendar year.

Any retail promotions or pricing is not available for Dealer and Distributor orders.