



LEFTHANDER CHASSIS DEALERSHIP APPLICATION FORM

Instructions, Documents and Requirements:

Thank you for considering becoming a Lefthander Chassis Dealer. In order for you to sell exclusive Lefthander Chassis product lines such as SynMax Performance Lubricants and Titan Performance Products etc., you are required to complete this standard Dealership Application Form and include a copy of your state sales tax / business certificate & send to the home office.

To sell SynMax Lubricants / Titan Performance Products there is no territory area.

To sell Lefthander (Car Chassis / Components etc.) – exclusive areas are approved & assigned.

Provide Business/sales tax resale certificate for your state (same name as applicant).

Information needs to be verified by the Lefthander Office before completion and authorization. Process takes 3 - 5 business days for the dealership approval (yes/no) assigned & completed.

Documents / Information:

Company Information, Credit Information (within this dealership application) Signed and Business / Sales Tax State Certificate is required to be sent in to Lefthander Chassis, Inc. 13750 Metric Drive, Roscoe, IL 61073 by US Mail Service or **Toll Free Fax (800) 779.6461 (PLEASE PRINT/TYPE CLEAR IF INFO. CANNOT BE READ IT SHALL BE REJECTED)**

Company Name: _____

Contact Name(s) / Position(s): _____

Contact Name (s) / Position(s): _____

Billing / Street Address: _____

City: _____ **State / Territory:** _____

Postal Code: _____ **Country:** () USA () Other: _____

Shipping Address same as Billing: YES () NO ()

Additional Shipping Address: _____



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Company Telephone: (____) _____ FAX (____) _____

Direct Cell / Other Telephones: (____) _____ (____) _____

Email Address(s): _____

Company Web Site: _____

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Business / Tax Re-Sale Number: _____ State: _____

Business / Tax Re-Sale Certificate Copy Enclosed: YES () NO ()

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DEALERSHIP CREDIT / COMPANY INFORMATION:

Company / Business Name: _____

Proprietorship () or Corporation: () State of Incorporation: _____

FEIN or SSN: _____ Years in Business: _____

NOTE: Credit Card, Cash, Money Order, COD; no further credit information is required.

I hereby certify that I am the authorized signature for the company providing the application information and that this company is retail business; I further provide permission for Lefthander Chassis Inc., as required to verify or authenticate information provided for the purpose of this Dealership application ONLY.

X
Signature _____ Date _____

Print Name



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DEALERSHIP / COMPANY CHECK - ADDITIONAL INFORMATION REQUIRED:

Company / Business Name: _____

Proprietorship () or Corporation: () State of Incorporation: _____

FEIN or SSN: _____ Years in Business: _____

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*For Corporate Check or POSSIBLE FUTURE Credit Line Approval –
Bank and Credit reference information below needs to be fully completed.*

Bank Information:

Bank Name: _____

Street : _____

City, State, Post: _____

Bank Officer Name: _____

Account Number: _____

Phone: () _____ Fax () _____

Commercial References:

Company Name: _____

Street: _____

City, State, Post: _____

Contact Name: _____

Phone: () _____ Fax () _____

Company Name: _____

Street: _____

City, State, Post: _____

Contact Name: _____

Phone: () _____ Fax () _____

Company Name: _____

Street: _____

City, State, Post: _____

Contact Name: _____

Phone: () _____ Fax () _____