



## 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:** \_\_\_\_\_

\_\_\_\_\_



**LEFTHANDER CHASSIS DEALERSHIP APPLICATION FORM**

Company Telephone: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Direct Cell / Other Telephones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Company Web Site: \_\_\_\_\_

.....

Business / Tax Re-Sale Number: \_\_\_\_\_ State: \_\_\_\_\_

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

.....

**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



**LEFTHANDER CHASSIS DEALERSHIP APPLICATION FORM**

**DEALERSHIP / COMPANY CHECK - ADDITIONAL INFORMATION REQUIRED:**

Company / Business Name: \_\_\_\_\_

Proprietorship ( ) or Corporation: ( ) State of Incorporation: \_\_\_\_\_

FEIN or SSN: \_\_\_\_\_ Years in Business: \_\_\_\_\_

.....

*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 ( ) \_\_\_\_\_