



Date: ____/____/____

CUSTOMER PROFILE / DEALER APPLICATION

1. Name of Business or Individual/Racer: _____
(Always place your orders and pay under this name)

Billing Address:

2. Street: _____ City: _____ State: _____ Zip Code: _____

Shipping Address: Check if same as above

Street: _____ City: _____ State: _____ Zip Code: _____

3. Business Phone: (_____) _____ Fax: (_____) _____ E-Mail: _____

4. Owner's Name: _____ Phone: (_____) _____

5. Contact Name if different from above: _____ Phone: (_____) _____

6. Accounts Payable Person: _____ Phone: (_____) _____

7. Description of business: _____ Date established: ____/____/____

8. Business Checking Account Verification (required for Dealer pricing and Company Check acceptance):

Bank Name: _____ Account # _____

Address: _____

City: _____ State _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

I authorize my bank to release the information requested by Carrillo Industries.

Signature: _____ Title: _____ Date: _____

Print Name: _____

IMPORTANT - Your application can not be processed without the following:

- A) Copy of business/vendor license.
- B) Resale certificate or copy of seller's permit (CA only).
- C) Copy of letterhead, business card, or company literature.
- D) Copy of Advertisement in yellow pages (if available).
- E) Picture of front of business, including the business name displayed/signage (if available)

For Internal Use Only:
Approved: _____ Date: _____
Buyer Status: _____ Terms: _____ Credit Limit: \$ _____