



3735 William Richardson Drive
South Bend, IN 46628
Phone: 574-272-0252
Fax: 888-827-9243

Attached you will find our dealer application. Please complete in its entirety being sure to include addresses, fax numbers, phone numbers and account numbers for all references. Please print or type all information so we may more easily process your application.

No wholesale price lists will be sent out until we receive your completed dealer application and it has been approved.

Note:

- 1. Send a copy of your sales tax exemption certificate.**
- 2. Send a copy of a voided check.**
- 3. Fill out the bank permission sheet**
- 4. If you are concerned about this – we find the bank protects you and your account and provides only select information. Even if you want credit card you must provide this information.**
- 5. All communication is done thru email, this includes invoices, statements, monthly special lists and other notifications.**
- 6. Your approval will come to the email address you have listed on this application.**
- 7. Once your account is approved you will be able to set up a user name and password to access the most current product information and pricing at:
www.targetdistributing.net**



Dealer Application

Name of Company: _____ Contact Person: _____

Billing Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Fax Number: _____

Shipping Address: _____ Evening Phone: _____

City: _____ State: _____ Zip: _____ State Sales Tax#: _____

Years in Business _____

Website: _____ Email Address: _____

Check One: Corporation Partnership Proprietorship

Type Account Credit Card COD

All account payments are assumed as; pre-pay with Credit Card, or COD unless other arrangements are requested and approved.

Authorized Signatutre: _____ Title: _____ Date: _____

Trade References:

Name: _____ Account #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Name: _____ Account #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
Name: _____ Account #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Name: _____ Account #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Fax: _____

Bank References:

Bank Name: _____	Bank Name: _____
Account #: _____	Account #: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

I (WE) AUTHORIZE ANY PERSONS HAVING INFORMATION AS TO THE ABOVE NAMES FIRM TO RELEASE FINANCIAL INFORMATION AND CREDIT REPORTS TO TARGET DISTRIBUTING

Signature (Owner/President)

Date

PLEASE LIST ALL EMPLOYEES AUTHORIZED TO REPRESENT YOUR COMPANY

Name: _____	Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Name: _____	Name: _____
Title: _____	Title: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Please include the following information with this Dealer Application:

- Completed Dealer Application
- Copy of Racing Business Tax ID Certificate or Racing Business Resale License

We cannot set up your dealer account without this information. Please include these items when mailing or faxing this application.

Thanks,

Joseph DeBoever
President,

Target Distributing
3735 William Richardson Drive
South Bend, IN 46628

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CREDIT RELEASE

I _____, of _____
Name Company Name

authorize Target Distributing to verify any information from any source it deems appropriate and I further authorize you the creditor to release credit information to Target Distributing.

Signature

Date

Print Name