



## BRTech Authorized Dealer Form

Company name

DBA (if different)

Contact person

Address (please include city, state, and zip)

Phone

Fax

Federal tax ID or Social Security number.

Type of business

No. of employees

Date business established

UPS Shipper Account Number (If applicable)

Method of Payment:	<input type="checkbox"/> Visa #	Exp.	<input type="checkbox"/> MasterCard #	Exp.

Are you a:

CORPORATION

State of incorporation

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Are you sales tax exempt?  
 Yes. Please provide Sales Tax License Number:

No

Authorized purchasers

**TRADE REFERENCES**

**Reference #1**

**Name**

**Address**

**Phone**

**Reference #2**

**Name**

**Address**

**Phone**

**Reference #3**

**Name**

**Address**

**Phone**

**BANK REFERENCES**

**Bank#1**

**Account #**

**Phone**

**Contact person**

**Name of bank**

**Address**

**Bank#2**

**Account #**

**Phone**

**Contact person**

**Name of bank**

**Address**

**Authorized signature:**

**Printed name:**

**Title:**

**Date:**

Please fax your completed form for to:  
BRTech Racing  
(307)789-7025