



4012 Benchmark Trail, Brooksville, FL 34604
Office & Tech (352) 799-4139
Toll Free Order Line (888) SLOT CAR
24 Hour Fax Line (352) 799-4647

Our Web Site Address: www.slotcarsusa.com
Online orders at: Orders@slotcarsusa.com
For Info Contact: Tech@slotcarsusa.com

2012 Dealer Application

Thank you for your interest in Crawley Distributing Inc. Before we can process your account we require the following information.

Date: _____ Date Business was Established: _____ Phone Number: (____) _____

Business Name (DBA): _____ Fax Number: (____) _____

Business Address: _____ E-Mail Address _____

City or Town: _____ State: _____ Zip Code: _____

Shipping Address (If different from Business address): _____

City or Town: _____ State: _____ Zip Code: _____

Business Licence Number (Tax Id.): _____

State I.D. Number: _____ Federal Employee I.D. Number: _____

Type of Business (Circle One): Corporation Partnership Sole Proprietorship Other

Name and Addresses of Principals

1. Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone : (____) _____

2. Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone : (____) _____

3. Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone : (____) _____



In order to substantiate your account as soon as possible, we will need trade references (Distributors and/or manufactures in the slot car racing industry only).

3. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Type of Account (Circle One): Open Account C.O.D Check Acceptable C.O.D Cash

4. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Type of Account (Circle One): Open Account C.O.D Check Acceptable C.O.D Cash

5. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Type of Account (Circle One): Open Account C.O.D Check Acceptable C.O.D Cash

For Corporations Only

I hereby guarantee any indebtedness to "Crawley Distributing Inc." incurred by:

Corporation Name: _____

Individual Guarantor/Owner: _____

Individual Guarantor/Owner: _____

The Corporate Application section must be signed by the owners as personal guarantors of all purchases made by the corporation in order to receive a positive review. This section does not have to be signed if you wish to only be on a COD CASH ONLY/CREDIT CARD basis.

Please
Affix
Corporate
Seal
Here

Bank Information (All Accounts)

Name of Bank: _____ Account Number: _____

Address: _____ Date Account Established: _____

City: _____ State: _____ Zip Code: _____ Phone number: _____



Credit/Debit Card Information (All Accounts that are not listed as open or C.O.D)

Type of card (Circle one): Visa MasterCard Discover

Title of card (Name of holder): _____

Card number: _____ Expiration date: _____ Security code: _____

Address of card: _____ City: _____ State: _____ Zip code: _____

Please list any and all persnal that are authorized to call and/or order for this establishment

1: _____ 3: _____

2: _____ 4: _____

Although we do not require the following information we ask you fill so we can use it for customer referral purposes.

	Style of Track(s)	Overall Length	Manufacturer
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Store Hours

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday: _____

Types Of Races You Run

	Class	Day	Time	Track Used
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____