



Thank you for considering Motor State Distributing!

In business since 1964, Motor State Distributing offers a wide selection of performance parts, hard-core racing items and unique aftermarket accessories. Our current product depth covers over 600 respected brands for you to choose from. We also offer you our seasoned-professional Sales and Technical staff and strive to deliver the type of customer service that will exceed your expectations. We are looking forward to having the opportunity to serve your business needs.

Please take the time to review the New Customer Application. After you have reviewed the material, please follow the steps outlined below:

- 1) Complete the *New Customer Application* in full. To expedite our review process the New Customer Application may be faxed to us, however, **it must be mailed before the process can be completed (original hand written signature is required)**. Our fax number is 1-800-772-2618 (269-463-6708 outside of the US).**

*** Completion of a New Customer Application does not automatically guarantee acceptance as a wholesale account. ***

We also ask that additional pieces of information be forwarded with your application. These items are outlined in sections 2 and 3 below.

Once finished, please return all hard copy materials to:

**ATTN: New Accounts Manager
Motor State Distributing
8300 Lane Drive
Watervliet, Michigan 49098 USA**

- 2) We ask that all applicants be a legitimate automotive related business that parallels the Motor State product selection. Please be sure that you intend to purchase items for the purpose of resale or vehicle installation. Include a copy of your **Business License** and **Tax ID Number** in your return package.**
- 3) We request that you submit *photos* of your business including frontal and interior views. Digital photos may be substituted for hard copies and emailed to: info@motorstate.com.**

Please be aware that we kindly ask all wholesale customers to purchase at least \$5,000 (USD) annually. Accounts that do not reach this goal are subject to pricing level review. However, if you are inquiring about specific items (one or two product lines) that may not meet this goal, please indicate this fact on your application. We want to work with you and will give your company every consideration.

Once your completed application and all associated documents have been received, they will be reviewed and you will be notified by our New Accounts Department of your future status with Motor State Distributing.

We again thank you for your business inquiry and for considering Motor State as your source for performance parts and accessories. We hope to hear from you soon!

Kind Regards, Geof Kiekenapp - New Accounts Manager Ph. 1-800-772-2678 (ext. 250)



NEW CUSTOMER APPLICATION

PAGES 2 & 3 MUST BE COMPLETED, APPLICATION MUST BE SIGNED

8300 Lane Dr. • Watervliet, MI 49098 • Hours: Mon. - Fri. 9 AM - 6 PM • Sat. 9 AM - 12 PM

(269) 463-4113 Fax (269) 463-6708

Date _____

Business or Corporate Name _____

(Area Code) Phone Number _____

Fax Number _____

E-Mail Address _____

Billing Address _____

City _____

State _____

Zip _____

Country _____

Shipping Address _____

City _____

State _____

Zip _____

Country _____

Sales Tax Number _____

Contact Person _____

BUSINESS FACTS

Sole Proprietorship Partnership LLC, Date LLC'ed: _____ Corporation, Date Incorporated: _____

Is Business a Subsidiary? No Yes Franchise? No Yes If yes, name parent or franchiser _____

Business Hours _____ How Long in Business? _____ Years

Own Building Rent Building If Rent, Name of Landlord _____ Phone _____

Number of Employees _____ Expected Monthly Purchases from MOTOR STATE \$ _____

Accounts Payable Contact _____ E-mail Address _____

Is Your Inventory Used for Collateral? No Yes If Yes, Name of Lender _____

PERSONAL DATA OF OWNER-OFFICERS-PARTNERS

1) Name and Title _____
Home Address _____
City, State, Zip, Country _____
Home Phone Number _____
Social Security Number _____
Length of Time at Above Address _____

2) Name and Title _____
Home Address _____
City, State, Zip, Country _____
Home Phone Number _____
Social Security Number _____
Length of Time at Above Address _____

Please list other warehouse distributors or major suppliers. (List at least 3.)

1) Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number _____

Fax Number Required _____

2) Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number _____

Fax Number Required _____

3) Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number _____

Fax Number Required _____

4) Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number _____

Fax Number Required _____

5) Name _____ Address _____ City _____ State _____ Zip _____

(Area Code) Phone Number _____

Fax Number Required _____

To assist our sales staff while working with you, please indicate below what best describes your primary business. Check all that may apply:

- | | | |
|---------------------|--------------------|------------------------------|
| Performance Center | Street Rod Builder | Drag Race Team |
| Auto Parts Store | Engine Builder | Circle Track Race Team |
| Truck/Rv Center | Trackside Vendor | Chassis Builder (Type) _____ |
| Installation Center | Open Wheel | Other _____ |

Website: _____

Comments: _____

Invoice copies will be emailed. Please provide the appropriate email address(s): _____

A packing slip will be included with our package.

SELECT TERMS **You Must Choose ONE Of The Following Terms** **SELECT TERMS**

CREDIT CARD TERMS

CERTIFIED CHECK / MONEY ORDER TERMS

PLEASE COMPLETE FOR C.O.D. CHECK APPROVAL TERMS

I (we) have completed this portion of the application to obtain acceptance of company check for C.O.D. delivery, and certify that all statements contained thereof are true and correct. I (we) agree that credit inquiries may be made by contacting references or the credit bureau and authorize the release of such information to you. I (we) also understand and agree that the grantor may add legal rate of interest per month to any balance not paid. I (we) also agree, in the event of default, to pay reasonable collection charges, attorney fees, NSF fees, and court costs where applicable.

Name of Business Owner - Please Print (Required) _____ Bank Name (Required) _____

Checking Account Number (Required) _____ Bank Fax Number (Required) _____

NOTE: Applicant's signature attests financial responsibility, willingness and ability to pay our invoices in accordance with the payment terms which may be granted and in accordance with Motor State Distributing published terms and policies as may be revised from time to time. A service charge of \$25.00 will be charged on any returned checks. If a check is returned twice for any reason, the account will be placed on cash only.

Applicant also assumes responsibility for all bills contracted in his name at the designated address, and, if required to collect delinquent accounts, all collection agency, attorney expenses and court costs.

The information given herein is for the purpose of obtaining a wholesale account and is warranted to be true. I (we) understand that completion of this application does not constitute an offer to sell or an authorization to buy from Motor State Distributing. I (we) hereby authorize the firm to whom this application is made (Motor State Distributing) to investigate the references listed. I (we) have read and fully understand the above.

Firm Name _____ Your Title _____ Date _____

Your Name _____ Signature _____

Original Signature (hand written) Is Required.

Please Type Your Info, Print Out, Sign and Date. Then Mail to us using information on page one.

To expedite our review process the New Customer Application may be faxed or emailed to us, however, **we must have the original for completion.** Fax: 1-800-772-2618 or 269-463-6708 (outside of the US) Email: info@motorstate.com

▼ FOR MOTOR STATE OFFICE USE ONLY ▼				
Date Received _____	Approved By _____	Date Approved _____		
Ship via _____	User1: 1 - 2 - 4	P / L _____	Biz Type _____	
Taxing State _____	Taxable: Yes or No	Mailing Code _____	Sales Rep. Out: HSE or RMIL	
Customer Number _____	Password _____	Date Entered _____	Contact Date _____	
Additional Notes: _____				