

Thank you for completing a Karting Distributors, INC Dealer Application.

All information contained on this form and provided to Karting Distributors, INC will remain confidential, and the sole property of Karting Distributors, INC.

So that we can expedite the application process, the following information must be submitted with the application form:

- Copy of State Dealer License (if applicable)
- Copy of the Tax ID
- Company Business Card
- (2) Photos: Storefront and Showroom

Please send this document to our Sales Team who will get back to you immediately with more information on our units. Thanks

Robert Belmont
Sales Rep
Trail Master Karts
Mobile (334) 479-9295
Fax (334) 239-0787
alabamakartman@gmail.com

Kirk D. Belmont
Sales Rep
Trail Master Karts
Mobile (850) 775-7689
Fax (850) 317-8346
floridakartman@gmail.com

Karting Distributors, INC Dealer Application

Send to:
alabamakartman@gmail.com
floridakartman@gmail.com

Instructions:
complete by signing where indicated. Please print or type.

Fill in all spaces and

Store's Trade Name (DBA) _____

Legal Company Name _____
(If different from above)

Proprietorship Partnership Corporation

Business Address _____
Street City State Zip

Shipping Address _____
(If different from above)

Phone Number () _____ - _____ Fax Number () _____ - _____

E-mail _____ Website _____

Primary Contact _____ Job Title _____
First Last

Email _____ Alternative Contact _____
First Last

Legal Owner's Name _____
First Middle Last

Home Phone () _____ - _____ Legal Owner's SSN: _____ - _____ - _____

State Tax ID No. _____ Dealer License No. _____

Year in Business _____ Date of Operation (M, T, W, Th, F, Sa, Su)

Office hours: _____

What is the physical size of your showroom? _____ ft²

What is the physical size of your storefront? _____ ft²

What other lines do you currently carry? _____

Additional Dealer Location List:

Business may apply for multiple storefront locations. BV Powersports reserves the right to accept/reject locations applied for and to limit product categories for each store.

Business Name: _____ Contact Name: _____

Address: _____
Street City State Zip

Phone Number () _____ - _____ Fax Number () _____ - _____

Business Name: _____ Contact Name: _____

Applicant – Print Name _____ Date _____

Applicant's Signature _____ Title _____