

**Duncan Racing International, Inc.**  
9380 Bond Ave Suite B  
El Cajon, CA 92021  
Phone (619) 258.6306  
Fax (619) 258.6309  
sales@duncanracing.com

<b>Office Use Only</b> Approved/Date _____ Dealer # _____ Dealer Conf. Email _____ Resale Card CA Dealer _____ Initials _____
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## **DRI DEALER APPLICATION**

**\*PLEASE FILL IN AND EMAIL ALL INFORMATION TO SALES@DUNCANRACING.COM**

\*Please scan and attach **Business Card**, **Picture of Store Front**, and a **Voided Check** with your completed application and email to sales@duncanracing.com.

Date \_\_\_\_\_ Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Shipping Address (if different from mailing) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_ Website \_\_\_\_\_

Owners Name \_\_\_\_\_

Are you doing business as a full time ATV/Motorcycle affiliated company? Yes \_\_\_ No \_\_\_

(If no, explain) \_\_\_\_\_

Preferred payment method: COD \_\_\_ or Credit Card \_\_\_ (DRI does not offer open accounts)

Purchasing Agent(s) \_\_\_\_\_

Years in Business \_\_\_\_\_ Type of Business \_\_\_\_\_

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Please list (3) Companies in the ATV/Motorcycle Industry you have done business with consistently for the last (2) years. **(Please Include Company, Address, Phone #, Contact, Type Account)**

1. \_\_\_\_\_  
\_\_\_\_\_ Payment Terms \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_ Payment Terms \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_ Payment Terms \_\_\_\_\_

.....  
**Banking Information:**

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_  
Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Phone# \_\_\_\_\_ Contact \_\_\_\_\_

.....  
Resale Number \_\_\_\_\_ Business License# \_\_\_\_\_

**\*\*California Businesses please send in Resale Card (original).**

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Name of person who filled out form: \_\_\_\_\_

Date \_\_\_\_\_