



Phantom Racing Chassis
Wiggins Kart Shop, Inc.
4010 Hwy. 152 West
China Grove, NC 28023
Phone: (704) 855-3165
Fax: (704) 857-5819

AUTHORIZED DEALER APPLICATION FOR AFFILIATION WITH _____

Name of Business: _____

Owner/Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (_____) _____ - _____ Business Fax: (_____) _____ - _____

Website: _____ Email Address: _____

Business Hours	Wednesday:	Saturday:
Monday:	Thursday:	Sunday:
Tuesday:	Friday:	

Years in business: _____ Years at this location: _____ Date Business Started: _____

Type: Limited Partnership General Partnership Sole Proprietorship Corporation

Owner/President of Business: _____

Federal ID# or Social Security #: _____

Company Resale Number (*Please attach a copy*): _____

Is this a full or part-time business? How many karts do you sell per year? _____

What dealerships and distributorships does this business presently have?
(*please attach a separate sheet if more space is needed*)

1. _____

2. _____

3. _____

4. _____



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5. _____

List Credit References including phone numbers:
(please attach a separate sheet if more space is needed)

1. _____

2. _____

3. _____

4. _____

5. _____

List the tracks in your area that you service and/or that your customers run at:
(please attach a separate sheet if more space is needed)

1. _____

2. _____

3. _____

4. _____

5. _____

Are you the defendant in a lawsuit? Yes No

If yes, list and describe the lawsuits:



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Why do you want to be a Phantom Distributor/Dealer?

I, _____, hereby state that all information included in this application is correct.

Owner/President

Date

Send all materials including pictures of your business and completed application to:

Correspondence concerning your application should be done through _____.
Thank you for your interest in Phantom Racing Chassis!



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FOR DISTRIBUTOR USE:

Please *attach a copy of your invoices* for the applying company to show the purchase of the 4 complete chassis and \$1,000.00 in consumable Phantom components. These invoices must be dated after January 1 (this calendar year), and all items must be purchased within a 30-day period of the initial purchase.

Please initial below, stating the information is correct:

_____ The applying company has purchased at least 4 karts in a thirty-day period from «Distributor_Name» and therefore has completed this requirement.

_____ The applying company has purchased at least \$1,000.00 in consumable Phantom parts in a thirty-day period from «Distributor_Name» and therefore has completed this requirement.

_____ I, _____, have to the best of my ability made sure the information on this application is correct & feel that the applying company will be an asset as an Authorized Phantom Dealer.

Any additional comments you would like to make about the applying company:

_____ wishes to nominate _____ (applying company name) as an Authorized Phantom Dealer. They have met all the Requirements set forth in the "Requirements for Phantom Authorized Dealers".

_____ Representative _____ Date _____

<p>Wiggins Kart Shop, Inc. Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>	<p>Comments: _____ _____ _____</p> <p>By _____ Date _____</p>
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