



Wholesale

WHOLESALE APPLICATION FORM

Please fill out and return via e-mail or fax to:
 E-mail: wholesale@upscaleautomotive.com
 Fax: 704-496-2292

This information will be kept confidential.

ACCOUNT INFORMATION

Company Name		Address	
City	State	Phone	Fax

CONTACT INFORMATION

Contact Name and Title	Website URL and E-Mail Address		
Shipping Address	City	State	Zip

Market Focus (circle those that apply)

Street/Sport Muscle/Classic Luxury/VIP/Exotic Performance/Tuning Styling/Accessories Wheels

Federal Resale Number / Tax ID	State Resale / Retail License Number
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Years in Business	Number of Employees
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Are You An Installer?	Estimated Annual Sales
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Are You An Internet Retailer?	Estimated Percent of Sales from Internet
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Are You A Wholesaler?	Business Type (Corp, Partnership, Proprietor, etc)
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APPROVAL SECTION

I hereby certify that all provided information is true and accurate to the best of my knowledge and that I am fully responsible for the proper use of this Upscale Automotive LLC wholesale account.

Signature of Authorized Company Representative: _____

Date: _____

Printed Name and Title: _____