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Darkhorse Crankworks Division

Dealer Application:

Date ____/____/____

Dealership _____ / Shipping (if different) _____

Street _____ / _____

City / State / Zip _____ / _____

Phone _____ Principal/Owner _____

Fax _____ Contact _____

Email _____ Service Manager _____

State sellers permit # _____ Years in business _____

Classification: - Dealer Performance Distributor Race Team

Payment Method: - Credit Card COD

CC Type: Visa / MC / Disc Card# _____

Expires _____ Billing Zipcode _____ Security code _____

Bank Reference: N/A if payment method is credit card

Bank name _____ Ph: ____/____/____

Contact _____

Signature _____ Title _____ Date _____

*All shipping will be UPS regular ground unless otherwise noted

*Distributor rates given with +12 lower units per year

Fax to 920.726.4991 or return with initial work order
Please remit copy of yellow pages ad, state resale license and business card
to complete application

