



www.darkhorsecrankworks.com
Phone: 920.726.4990

Dealer Application

Fax to 920.726.4991
or mail with initial work order

10629 Highway 42
Newton, WI 53063

Date ____ / ____ / ____

Dealership _____ / Shipping (if different) _____

Street _____ / _____

City / State / Zip _____ / _____

Phone _____ Principal _____

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 _____

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

Please remit copy of yellow pages ad, state resale license
and business card to complete application