

Dealer Application

Business Name _____ Business Phone _____ Sales Tax ID _____

Mailing Address _____ City _____ State _____ Zip code _____

Shipping Address (if different) _____ City _____ State _____ Zip code _____

Company Bank _____ Bank Phone _____ Bank Official _____

Bank Address _____ City _____ State _____ Zip code _____

Checking Account # _____

Business Type: Proprietorship _____ Partnership _____ Corporation _____

Owner(s) Name _____ Home Phone _____ Email Address _____

Home Address _____ City _____ State _____ Zip code _____

Years in Business: _____ # of Employees: _____

List Major Suppliers: _____

Buyers Name(s): _____

Thank you for your interest in our products!

Please mail or fax this application to:

HTG Racing and Marine
2600 Grand Island Blvd.
Grand Island, NY 14072

Phone: 716-773-6131
Fax: 716-773-6184