



4109 Billy Mitchell Dr. Addison, TX 75001

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Business information	
Corporate/Business Name:	Year Established:
Business Address:	
Phone:	Fax: E-mail:
Business Website:	
Type of Business (i.e., retail, wholesale, repairs, etc.):	
Number of employees:	
State of Incorporation:	
Business Entity (please circle): Corporation LLC Partnership Sole Proprietorship	
Federal Tax ID #:	
Texas Reseller Permit # (required if your business is in the State of Texas):	
*Please attach a copy of the Texas Reseller Permit (if in Texas) OR a copy of your Business License from your State	
Primary Contact	
Name (First, Middle, Last):	Position/Title:
Phone:	E-mail:
Home Address:	
Secondary Contact	
Name (First, Middle, Last):	Position/Title:
Phone:	E-mail:
Home Address:	

The undersigned agree that, if approved, this account shall only be used for the purchase of merchandise for commercial or business purposes, and not for personal, family or household purposes. In addition, the undersigned has the power and authority to enter and perform this agreement and to consummate transaction contemplated hereby. This application is submitted to obtain wholesale privileges and I/We (hereinafter "I" or "My") certify that all information provided here is true, complete, and accurate. The number shown on this form is the correct taxpayer identification number for the business entity. I/We authorize Top Speed Pro1 Performance to retain property on this application, to rely on the foregoing to check and verify business histories. I acknowledge that this application is subject to approval and acceptance by Top Speed Pro1 Performance. I/We hereby agree to all requirements listed on the Top Speed Pro1 Performance Wholesale Pricing Agreement provided at time of application.

Signature of Primary Contact:

X _____

Date: _____

*Signee agrees to all terms and conditions

Signature of Secondary Contact:

X _____

Date: _____

*Signee agrees to all terms and conditions