

Brenspeer Dealer Application



Dealer Name

Primary Contact

Title

Secondary Contact

Title

Web Site Address

BRENSPEED

8088 East 400 North
Pierceton, Indiana 46562

Phone: 574-594-9559
Fax: 574-834-5628

WWW.BRENSPEED.COM

Billing Address

Name:

Company:

Address:

State/Province:

Zip/Postal Code:

Main Contact:

Email:

Phone:

Shipping Address

Name:

Company:

Address:

State/Province:

Zip/Postal Code:

Printed name

Signature

Company Information

Telephone	
Fax	
Federal Tax ID #	
State Re-sale ID	

You MUST provide a copy of your business license or resale licence to be approved for the Brenspeed dealer program.

Please fax copy of the above with application.

Credit Card Information

Card Number:

Exp Date

Cvv2

Cardholder Name

The undersigned, jointly and individually, certify that all information in this application is complete, factual and correct. Brenspeed is hereby expressly authorized to contact any parties listed here in and to verify any information contained in this application. Brenspeed retains the right to not certify the applicant for this program.

Please make SURE that the application is legible if filling out by hand. Only contacts listed on application will be authorized to purchase. Orders will not be processed if information can not be confirmed.

Date