



DEALER APPLICATION

President/CEO _____ Business Name _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

E-mail _____ Website _____

Resale Permit # _____ Business License # _____

TRADE REFERENCES:

President / CEO Name _____ Business Name _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

President / CEO Name _____ Business Name _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

President / CEO Name _____ Business Name _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Type of Establishment OE Dealer Speedshop Service Center Other _____

Method of Distribution Mail Order Warehouse Retail Other _____

Where do you advertise? _____

Do you have your own Flyers/Catalogs? YES NO (If yes, please mail copy to Magnuson)

Time at current location ____ Years ____ Months Time in Business ____ Years ____ Months

Will you install? YES ____ NO ____ Chassis Dyno? YES ____ NO ____

Shop Facilities? YES ____ NO ____ SQ FT _____ Show Room? YES ____ NO ____

Competitors Carried: Vortech Procharger Powerdyne Whipple Kennebell Other _____

Please fax a copy of your Resale Permit, a copy of your Business License and this Application to (805) 512-7851. If you have any questions, please call our Sales Dept at (805) 642-8833.

1990 Knoll Drive* Ventura CA 93003 * Phone (805) 642-8833 * Fax (805) 512-7851

www.magnusonproducts.com