



4012 Benchmark Trail, Brooksville, FL 34604  
Office & Tech (352) 799-4139  
Toll Free Order Line (888) SLOTCAR  
24 Hour Fax Line (352) 799-4647

Our Web Site Address: [www.slotcarsusa.com](http://www.slotcarsusa.com)  
Online orders at: [Orders@slotcarsusa.com](mailto:Orders@slotcarsusa.com)  
For Info Contact: [Tech@slotcarsusa.com](mailto:Tech@slotcarsusa.com)

## Dealer Information

Thank you for your interest in Crawley Distributing Inc. Before we can process your account we require the following information.

Date: \_\_\_\_\_ Date Business was Established: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address (If different from Business address): \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Licence Number (Tax Id.): \_\_\_\_\_

State I.D. Number: \_\_\_\_\_ Federal Employee I.D. Number: \_\_\_\_\_

Type of Business (Circle One):      Corporation      Partnership      Sole Proprietorship      Other

## Name and Addresses of Principals

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_



In order to substantiate your account as soon as possible, we will need trade references (Distributors and/or manufactures in the slot car racing industry only).

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account (Circle One): Open Account C.O.D Check Acceptable C.O.D Cash

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account (Circle One): Open Account C.O.D Check Acceptable C.O.D Cash

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account (Circle One): Open Account C.O.D Check Acceptable C.O.D Cash

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### For Corporations Only

I hereby guarantee any indebtedness to "Crawley Distributing Inc." incurred by:

Corporation Name: \_\_\_\_\_

Individual Guarantor/Owner: \_\_\_\_\_

Individual Guarantor/Owner: \_\_\_\_\_

The Corporate Application section must be signed by the owners as personal guarantors of all purchases made by the corporation in order to receive a positive review. This section does not have to be signed if you wish to only be on a COD CASH ONLY/CREDIT CARD basis.

Please  
Affix  
Corporate  
Seal  
Here

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### Bank Information (All Accounts)

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date Account Established: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone number: \_\_\_\_\_



# Crawley Distributing

## Credit/Debit Card Information (All Accounts that are not listed as open or C.O.D)

Type of card (Circle one): Visa MasterCard Discover

Title of card (Name of holder): \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Address of card: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please list any and all persnal that are authorized to call and/or order for this establishment

1: \_\_\_\_\_ 3: \_\_\_\_\_

2: \_\_\_\_\_ 4: \_\_\_\_\_

Although we do not require the following information we ask you fill so we can use it for customer referral purposes.

Style of Track(s)	Overall Length	Manufacturer
1) _____		
2) _____		
3) _____		
4) _____		

### Store Hours

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

### Types Of Races You Run

Class	Day	Time	Track Used
1) _____			
2) _____			
3) _____			
4) _____			