



WHEELS MANUFACTURING INC.

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ONLINE DEALER APPLICATION

DATE _____ TAX RESALE NO: _____

SHOP NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

STORE WEBSITE _____

DATE BUSINESS STARTED: MONTH _____ YEAR _____ # OF STORE LOCATIONS _____

DEALER LOGIN:

E-MAIL: _____

PASSWORD (YOUR CHOICE): _____

Minimum 8 characters. Must contain Lowercase, Uppercase and a number.

MAIN CONTACT: BUYER'S NAME _____

Do you want sub-accounts enabled for your online account? YES ___ NO ___

TRADE REFERENCES:

ADDRESS

1. _____

2. _____

Yes, sign me up for the Wheels Mfg Email Newsletter. I want to receive current news about Wheels Mfg products, sales, promotions and upcoming events.

THIS APPLICATION MUST BE SIGNED BY AN OWNER OR MAIN CONTACT.

X _____ TITLE _____ DATE _____