



**S&M KART SUPPLY, INC.**  
 1126 W Reynolds Street  
 Springfield, IL 62702  
 PH: (217) 546-9120 FAX: (217) 546-9409  
 postmaster@smkart.com

**DEALER APPLICATION**

BUSINESS NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TAX RE-SALE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

YEAR STARTED: \_\_\_\_\_  
 What year did you start the business? If it is a new business, please put NEW on the line.

BELOW, PLEASE LIST THREE WHOLESALE KART RELATED TRADE REFRENCES THAT YOU ARE CURRENTLY DOING BUSINESS WITH. (IF YOU HAVE NO WHOLESALE REFERENCES, OR ARE A NEW DEALER, YOU WILL BE REQUIRED TO MEET AT LEAST ONE OF TWO FIRST TIME PURCHASE AMOUNTS.)

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PLEASE FAX OR MAIL A COPY OF YOUR RE-SALE TAX CERTIFICATE WITH THIS APPLICATION!  
 WE MUST HAVE A COPY OF YOUR TAX CERTIFICATE ON FILE FOR THE APPLICATION TO BE APPROVED!**

**WE ARE CURIOUS TO LEARN HOW YOU HEARD ABOUT US?**  
 Please tell us below how you heard about us. (4cycle.com? Magazine ad? Word of mouth?)

\_\_\_\_\_  
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