



Dealer Application

Business Name: _____

Owner's Name: _____ Contact Name: _____

Federal Tax ID Number: _____ State Sales Tax Number: _____

Years in Business: _____ Number of Employees: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ Email: _____

Type of Dealership (check all that apply) Dealer Aftermarket Parts Race Support Chassis Manufacturer

Type of Vehicle (check all that apply) Motorcycle ATV Snowmobile Sports Car Drag Car Stock Car
 Short Track Car (Dirt or Asphalt) Other (please specify): _____

Regions of Distribution: _____

Do you advertise? Yes No If YES, where? _____

Experience with other shock absorber brands:

Brand: _____ Sales Service

Brand: _____ Sales Service

Brand: _____ Sales Service

Do you own a service vehicle? Yes No What percent of your annual sales pertain to shock absorbers? _____

Do you own a shock dyno? Yes No What are your expected annual sales of Penske or Custom Axis products? _____

Please list area tracks you service or series you attend: _____

Please list name and class of any teams you sponsor: _____

Signature: _____ Title: _____ Date: _____

PLEASE RETURN COMPLETED FORM, WITH REQUIRED ATTACHMENTS, TO:

Penske Racing Shocks/Custom Axis Racing Shocks • Attn: Amanda Readinger-Canta • 150 Franklin Street • Reading, PA 19602
Phone: (610) 375-6180 • Fax: (610) 375-6190 • Email: info@penskeshocks.com