

PLEASE NOTE:

Before filling out Dealer Application **YOU MUST** go to www.buynowroaringtoyz.com scroll to bottom, click on **DEALER LOG IN** to create your **User Name & Password**. **SAVE THIS INFORMATION**. Upon approval of your application, you will receive an email and will need your **User Name & Password** to access your account (which will only then show your Dealer Discounted Cost).

You Must complete the above setup prior to submitting this Dealer Application.

ROARING TOYZ Dealer Application

NOTE: All information provided will be kept confidential.

Legal Company Name: _____

DBA: _____
Business _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Individual-Name: _____ Title: _____

Business Phone: () _____ FAX: () _____

E-Mail Address (please print clearly): _____

Website: _____

Type of Business: Dealership (please list Franchise(s) below) Parts/Service

Sole Proprietorship Partnership S Corporation Other: _____

Federal ID Number: _____ Years In Business: _____ State Incorporated In: _____

Principal(s)-Name(s): _____ Contact Information: _____

Name(s): _____ Contact Information: _____

Name(s): _____ Contact Information: _____

Please Provide Three (3) Trade References:

Company: _____ Contact: _____

Company: _____ Contact: _____

Company: _____ Contact: _____

Payment Method: VISA MasterCard Expiration Date: _____

Account Number: _____

Security Code: _____ Name on Card: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Please Fill Out Completely and E-Mail or FAX back to:

ROARING TOYZ

E-Mail: brad@roaringtoyz.com or FAX: 941-953-3834

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Voice: 941-953-4423 • FAX: 941-953-3834 • E-Mail: robert@roaringtoyz.com • www.roaringtoyz.com