



XCEL RACING COMPONENTS, LLC

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DEALER APPLICATION

Business name _____

Contact person _____

Address _____

Phone # _____ **Fax #** _____

Email address _____

Website(If available) _____

Business entity _____ **Years in business** _____

Federal ID # _____ **State Resale #** _____

Description of business _____

Signature _____ **Date** _____

I declare that the statements furnished above are true and I authorize Xcel Racing Components, LLC to check my references.

Print Name _____

**Please send completed form back to Xcel Racing Components, LLC
Via mail or email address listed above.**