

DEALER APPLICATION FOR CLASSKITÔ PROGRAM

Dealer Corporate Name: _____

Dealer DBA (if applicable): _____

Billing Address: _____

City _____ State _____ Zip _____

SPRichards Account # _____ Primary Distribution Center # ____/City _____

Shipping Address (same as billing address): _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Email _____

Contact Name _____

Purchase Order # _____

<u>Qty</u>	<u>Item Description</u>	<u>Price/Each</u>	<u>Extended Price</u>
1	ClassKit Dealer Program Packet	\$500.00	\$500.00
1	Local Sales Tax*	_____	_____
	Total		\$ _____

*Please calculate your local sales tax amount. If you are tax-exempt please fax a copy of your tax-exempt certificate to 317.248.7908.

Credit Card Information:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card # _____ Expiration Date _____

Name of Cardholder _____

Billing Address of Card Account (if different than above): _____

City _____ State _____ Zip _____

Authorized Signature _____ Date _____

Please complete this application in its entirety and a confirming email indicating that your application and payment have been processed will be sent.